



MISSOURI

STATE BOARD OF NURSING

NEWSLETTER

The Official Publication of the Missouri State Board of Nursing with a quarterly circulation of approximately 97,000 to all RNs and LPNs

Volume 5 No. 4

November, December 2003, January 2004

Message From the President

Authored by Robin S. Vogt, PhD, RN, FNP-C
Board President

Board of Nursing's Open Forum

The Missouri State Board of Nursing held its first open forum at the September Board meeting in Jefferson City, Missouri. The open forum has been added to the agenda to allow licensees, the public, and organizations the opportunity to dialogue with the Board members.

Keep in mind that issues brought before the Board will be considered by the members and are very valuable in making decisions. We will not, however, be able to offer an opinion during the forum on many of the issues. The "Board's" opinion is a collective majority of the nine members. Each member has its own opinion and when questions are considered, research into the subject area is done and individual opinions/experience shared to help the Board make educated decisions.

At the first forum, organizations shared information with the Board members. One organization expressed concerns with the clarity of the educational requirements of preceptors in the hospitals for the clinical rotations of the nursing student. Another organization expressed concern that the minimum standards were not up-to-date technologically. The Board of Nursing advised that a task force had been established to review and revise the minimum standards including faculty requirements and standards relative to technological advances such as online education.

A representative from a hospital shared a concern regarding the licensure renewal process and timely return of licenses. We are aware of the impact of getting licenses



Vogt

back to nurses during the renewal cycle. We are working to improve our current process. It is our hope to be online for renewals by the next RN cycle in 2005.

We will continue with the open forums at each board meeting. Please feel free to come and share your concerns with us.

I want to thank everyone who submitted information for the Board to consider during our strategic planning. We try very hard to keep abreast of current issues relative to patient safety.

Commitment to Public Protection through Excellence in Nursing Regulation Project

The Missouri State Board of Nursing participated in the National Council of State Boards of Nursing's Commitment to Public Protection through Excellence in Nursing Regulation Project. This is the establishment of a performance measurement system that incorporates data collection from internal and external sources and the use of benchmarking strategies and identification of best practices.

Twelve state boards were selected from among volunteers to participate in pilot testing of the data collection instruments. The 12 states participating include Kentucky, Louisiana-RN, Maryland, Missouri, Nebraska, New Mexico, North Carolina, North Dakota, Ohio, Tennessee, West Virginia-PN and Texas-RN.

There were 800 nurses surveyed in Missouri with 293 responding. We thank each of you that responded to the survey. We have already reviewed the findings of the survey and are working on identifying best practices. This exciting and groundbreaking project (no other regulatory group has approached performance evaluation in this manner or to this extent) will clarify the important work of boards of nursing, demonstrate value, and identify best practices.

We received a few comments that our newsletter should be discontinued to save cost, while a few others comment-

President cont. on pg. 5

Missouri State Board of Nursing Update

Authored by Lori Scheidt
Executive Director

Fiscal Year 2003 Statistics

The 2003 fiscal year for Missouri State government began July 1, 2002 and ended June 30, 2003.

The Missouri State Board of Nursing made improvements to the investigation process during the second half of the fiscal year, which resulted in a decrease in the number of days an investigation remains open and a significant decrease in investigative costs. The average number of days a complaint remains open has decreased 21 days, from 155 days to 134 days. The investigative cost has decreased by 39%. The number of pending investigations is lower than it has been for more than 10 years. The Board made a strategic move to decrease contract investigation services and add two in-house staff investigators. The Board made this request to the legislators without increasing the budget but by moving part of the appropriations for the contract investigative services to the personal service appropriation. As expected, we are already seeing the positive results from the changes implemented.

The Board started with a comprehensive analysis of our investigative process with the focus on outcomes. We focused on how information is gathered and what informa-



Scheidt

tion is critical for the Board to make a well-informed decision about a complaint. We then addressed time and fiscal management. The Board also set a strategic initiative to reallocate expenditures toward research, analysis, education, and prevention in order to promote patient safety thereby reducing the number of complaints.

Changes were made to the process in September 2002. The Investigations Administrator was vacant from October 1, 2002 to January 6, 2003. On January 6, 2003, Quinn Lewis assumed management of investigations as the Board's Investigations Administrator. On March 18, 2003, Quinn hired Dawn Wilde to fill one of the vacant (new) in-house staff investigator positions. Dawn joined Robert Ehrhard who has been employed as an investigator with the Board since September 1998 and Linda Becker who has more than four years experience as a Board investigator.

Quinn has focused his efforts on managing case assignments, training investigators, and evaluating the quality and timeliness of investigative reports. Quinn holds a bachelor's degree in psychology and has experience in the health care field as well as ten years experience as a Trooper and then Corporal with the Missouri State Highway Patrol. He is an excellent project manager, investigator and change agent. His educational background and investigative and health care experience have proven to be a perfect fit for the position. He has more than exceeded the expectations of the Board.

FY 2003 cont. on pg. 2

GOVERNOR

The Honorable Bob Holden

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FY 2003 cont. from pg. 1

Number of uninvestigated complaints carried over from FY2002	401
Number of new complaints received in FY2003	809
Total number of investigations completed in FY2003	1019
Total remaining number of complaints requiring an investigation at the end of FY2003	191

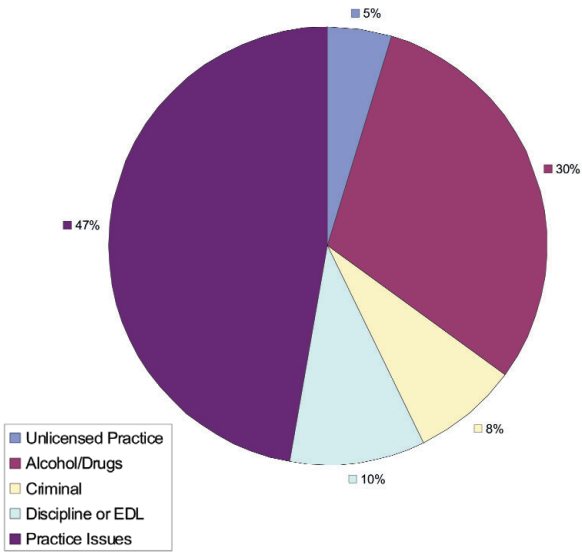
The Board reviews all complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline based on whether or not the nurse violated of the Nursing Practice Act (see 335.066, RSMo).

The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed 3 years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

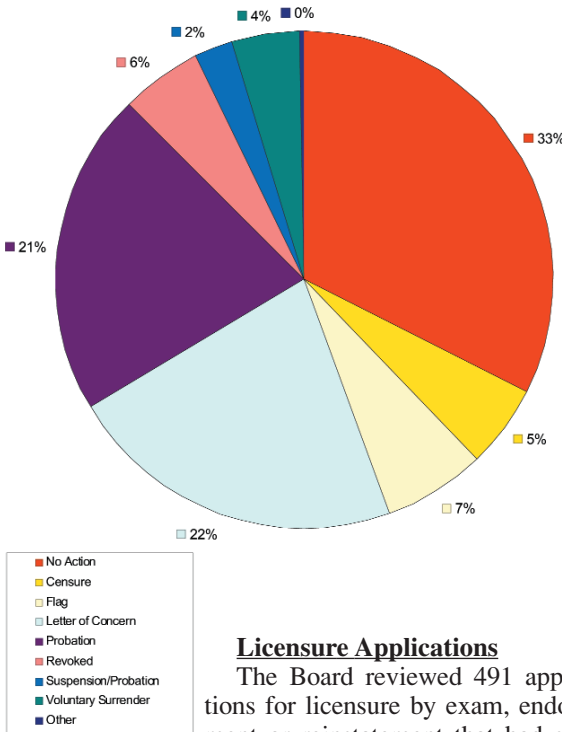
The following chart shows the category of complaint for the 902 complaints that were closed this past fiscal year.

FY2003 Closed Complaint Categories



The next chart shows the actions taken by the Board for those complaints.

FY2003 Complaint Final Actions



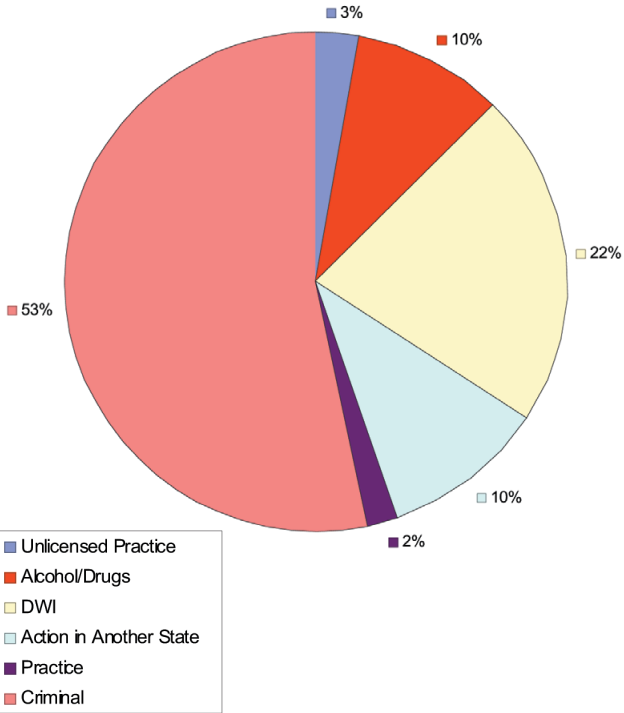
Licensure Applications

The Board reviewed 491 applications for licensure by exam, endorsement or reinstatement that had some type of criminal or discipline history. Applicants are required to report any convictions, guilty and/or nolo contendere pleas, except for minor traffic violations not related to the use of drugs or alcohol. Those needing to be reported include misdemeanors, felonies, "driving while intoxicated (DWI)" and "driving under the influence (DUI)." Crimes must be reported even if they are a suspended imposition of sentence (SIS). Applicants are also required to report any prior or current disciplinary action against another professional license, whether it occurred in Missouri or in another state or territory.

Each application is evaluated on a case by case basis. The Board of Nursing considers the nature, severity, and recency of offenses, as well as rehabilitation and other factors. The Board cannot make a determination for approval or denial of licensure without evaluating the entire application and supporting documentation.

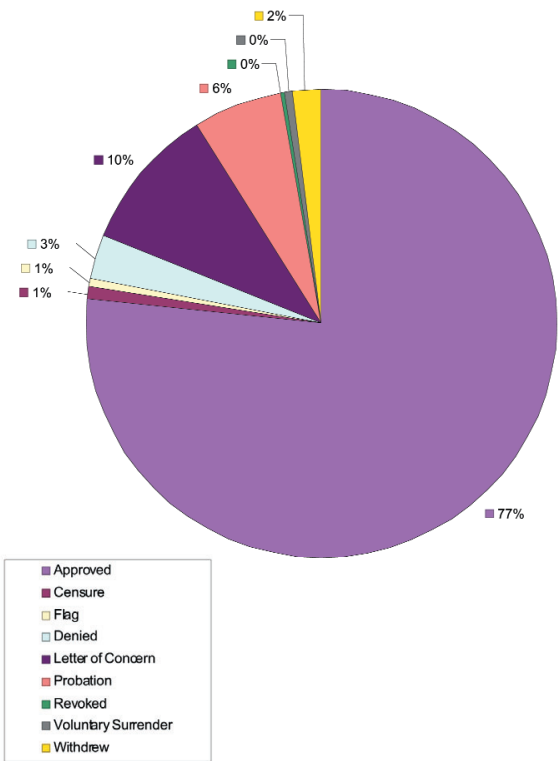
The following chart shows a breakdown of the reason (category for review).

FY2003 Reviewed Applications by Category



The next chart shows the action taken by the Board.

Applications Final Outcome



Licenses Issued in Fiscal Year 2003	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	1874	991
Licensure by Endorsement	1934	347
Licensure by Renewal of a Lapsed or Inactive License	1047	774
Number of Nurses holding a current nursing license in Missouri as of 6/30/2003	71,947	22,424

Licensure staff answered 48,056 licensure related telephone calls during the fiscal year.

Licensure Renewal Information

All current Registered Nurse licenses expire April 30th of every odd numbered year and all current Licensed Practical Nurse licenses expire May 31st of every even

FY 2003 cont. from pg.2

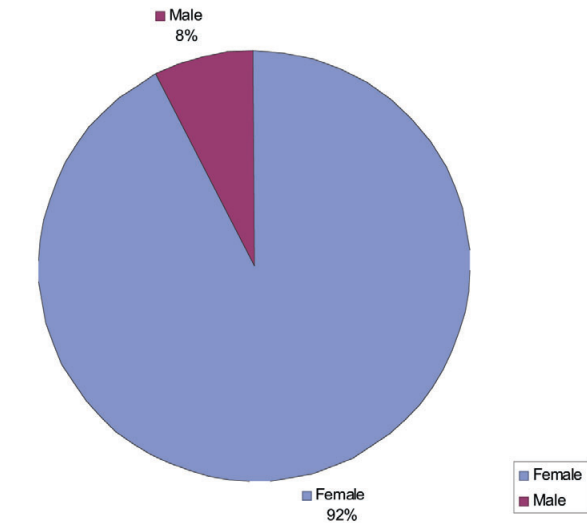
numbered year. As of June 30, 2003, a total of 71,947 Registered Nurses and 22,424 Licensed Practical Nurses held current licenses to practice in Missouri, for a total of 94,371 nurses licensed to practice in this state.

Licensure Database Information

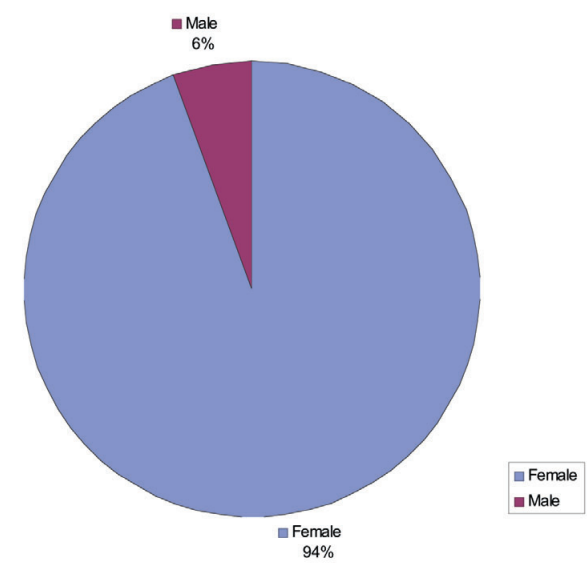
Average Age of RNs = 45
Average Age of LPNs = 44

The following two maps depict the average age by county and the count of the number of nurses in each county that had a current Missouri nursing license as of July 1, 2003.

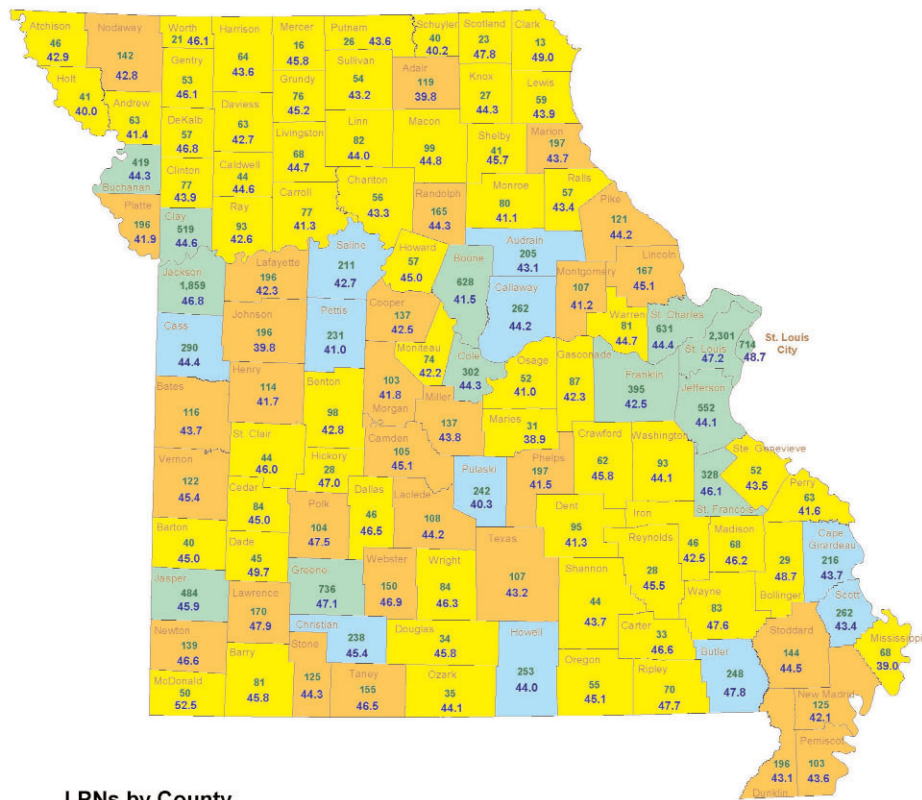
FY2003 RNs Gender - Licensed of July 1, 2003



FY2003 LPNs Gender - Licensed of July 1, 2003



No. & Avg. Age of LPNs by County

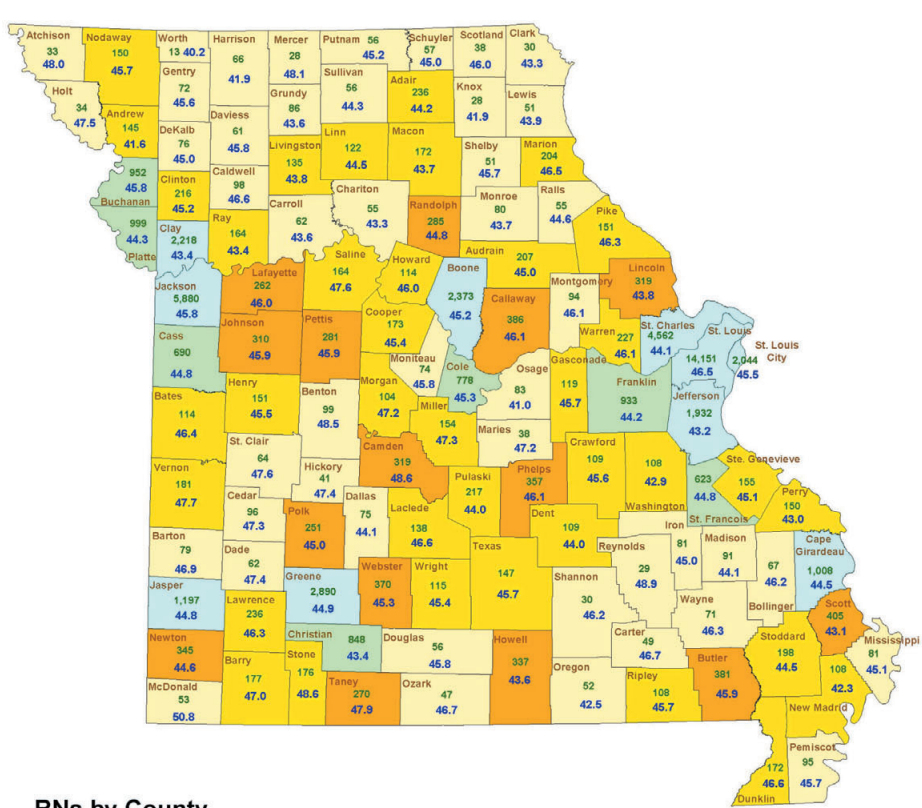


LPNs by County
Less Than 100
100 - 200
200 - 300
More Than 300
000 Number
00.0 Average Age

State Income Taxes and Professional Licenses

House Bill 600 of the 92nd General Assembly (2003) was signed into law by the Governor on July 1, 2003. What this means for the Board is that all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If a licensee has failed to pay taxes or failed to file tax returns, HB 600 requires that person's license to be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

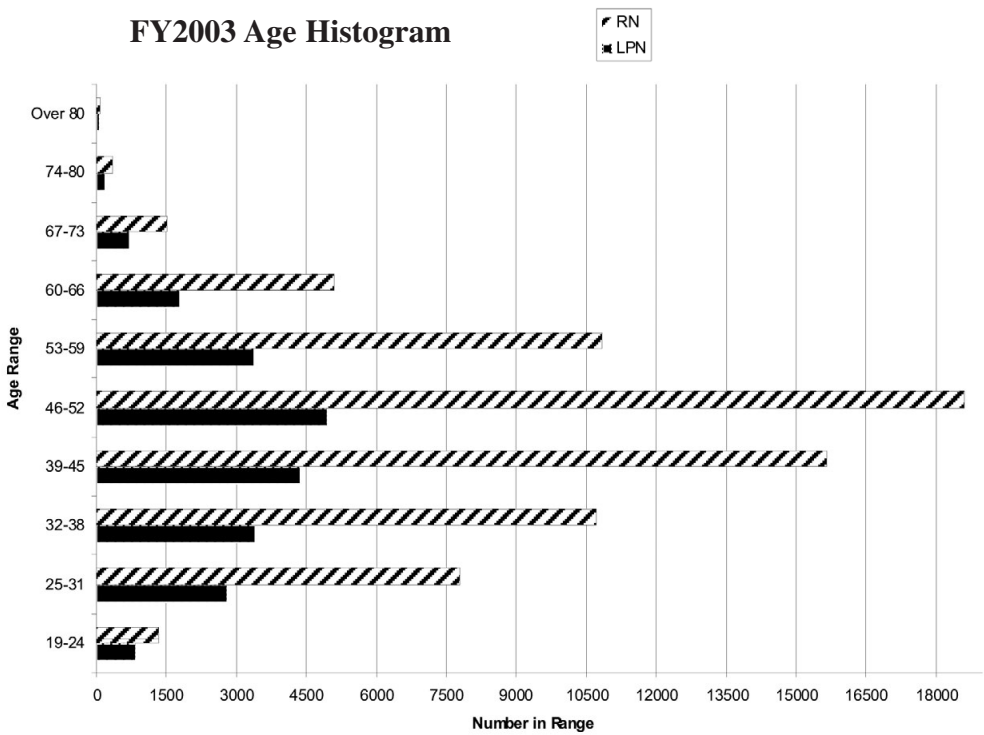
No. & Avg. Age of RNs by County



RNs by County
Less Than 100
100 - 250
250 - 500
500 - 1000
More Than 1000
000 Number
00.0 Average Age

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FY2003 Age Histogram



Nurses Making A Difference, One Life at a Time - You Have Made a Difference

Authored by Becki Hamilton
Executive Assistant

In the last issue of our newsletter we asked if you have made a difference. Many of you are indeed “making a difference” and we would like to share with you some of the responses received.

“Something wonderful happens to me every day. I feel the pride that comes every time you help another human being. Someone looks into your eyes and you know they trust you with their life. Where else can you find this kind of job satisfaction? This isn’t a story of events, it is a lifetime of wonderful experiences with people, young and old, sick and well, kind and grouchy. I love them all. Each one is a challenge. I will care for them the very best I can. Yes, it is hard work, but it’s ever so worth it. If you like people, join us, the people who make a difference.” – Lynne Jerichow, RN, Mexico, Operating Room nurse

“I have been a nurse for 30 years and always enjoy

being able to help someone who needs it.” – Mary Fiedler, PN, Sedalia, Administrator and Director of Nurses for a convalescent home

“One of the most touching moments in my career occurred when a family came to visit me unexpectedly at Christmas time two years ago. I had cared for their only child when she was in the NICU 14 years ago. She was born 11 weeks prematurely and was very tiny for her size. She was a twin, but sadly her sister died in the womb. Due to complications, this would be the only child this couple would have. They came to visit me while the daughter was an inpatient here. She had recently been diagnosed with diabetes.

Upon entering the unit, the mom hugged me and asked if I remembered her. Of course I did! I cared for their tiny little baby for nearly three months. She began life at 1 pound, 1 1/2 ounces and went home weighing a little over four pounds. Mom told her daughter that I was her nurse when she was here and I was the one who took good care of

her every day. She told her daughter ‘she loved you almost as much as your daddy and I did.’ I knew at that moment that this family indeed did recognize the love and compassion that accompanies the care given to critically ill infants in the nursery. The care and concern had made a difference in their lives. As a nurse, there is no greater reward than knowing that you DID make a difference and that you were able to make a very dark time in someone's life a little bit brighter! I can't tell you a single thing I received for Christmas that year, but I clearly remember the smiles, hugs, and thanks I received from this family! They were the best gifts of all!” – Barb Brucks, RNC, MSN, Columbia, Asst. Manager NICU, Children’s Hospital

Thanks for sharing your stories with us.

If you would like to submit your “Making a Difference” story, please submit by e-mail to rhamilto@mail.state.mo.us or by mail to Missouri State Board of Nursing, 3605 Missouri Blvd., PO Box 656, Jefferson City, MO 65102, Attn: Becki Hamilton.

Nurses Making a Difference One Life at a Time

Submitted by Lillian Gonzalez, BSN, RN

Spectacular Nurses Needed to Save America’s Healthcare

As a girl, I fantasized about being special. So I joined the U.S. Marine Corps in 1979 at age 18. I was a legal services specialist and in off-duty hours I went to college. My goal was to become an attorney, and nothing was going to stop me. But in December 1981, a traumatic experience changed the course of my life.

I married, had children, and became a career secretary. For years I took a college class here and there, secretly hoping one day I’d go to law school; yet doubting I’d ever have the money or discipline to realize my dream.

In 1982, my son was born with a congenital anomaly. The surgeon said, “I can’t promise we can save him.” Surgery was done, and from there, courageous NICU nurses took over. They managed the equipment that kept my son alive: vents, monitors, IVs and tubes. Their watchful, skillful eyes and intuition were key to saving my son’s life.

In 1991, I took a secretarial job at a VA hospital. Soon after, my parents moved next door. It was heaven for five months, until my mother was diagnosed with incurable cancer. “One month,” was all the doctors could guess. A courageous VA hospital nurse explained hospice to me. None of my family had ever heard of this “hospice.” It was the course my mother chose. Awesome nurses helped my mother, my family, and me, cope with our devastating loss.

In 1996, yet another nurse - a psych nurse - diagnosed my problem: irritability, hypersensitivity, job-hopping, marital conflict, depression, and insomnia – waking up at midnight and two: the exact times of my traumatic experience 14 years earlier: it was Post Traumatic Stress Disorder (PTSD).

Once diagnosed, I qualified for school benefits. I

thought it was my chance to go to law school. “There’s a nursing shortage,” said the VA counselor. “We’ll pay for a four-year nursing degree. Not law school.”

I took the offer, quit my job, and went to nursing school full-time, thinking “*How hard could that be?*”

“If you could get through Marine Corps boot camp, you could get through anything,” said my pediatric clinical instructor. I responded, “No, ma’am. Nursing school is much more difficult.” Miraculously, I received my Bachelor of Science in Nursing Degree in December 2000.

Still oblivious that I was destined to be a nurse, I hoped to find an administrative job. But that job eluded me. Devastated to face bedside nursing as my only employment option, I accepted a job as a night-shift nurse in a maternity ward in San Antonio, Texas.

I was hooked. Newborn and postpartum care were a thrill. I even floated to NICU where memories of my first-born’s hospitalization became vivid. I took care of the “feeders and growers,” healthy premature babies - too little to go home. I have a first-hand appreciation for these talented nurses who care for the tiniest, most acutely ill humans.

With a year of experience as a mother-baby nurse, I became a traveling nurse. My first stop: Houston, Texas. The position was so busy, and the hospital so understaffed, that one time I took care of nine mothers and nine babies. I discharged two couplets and admitted three. That day I assessed 24 patients on the three to eleven shift. I wondered how my nurse colleagues from India could keep up with that pace for so many years.

I eagerly took a different assignment in San Jose, California. There, I witnessed first-hand another nursing shortage and a massive importation of nurses from other countries. As I moonlighted to broaden my horizons, I found that some hospitals were overstaffed, and some

understaffed. I once took care of 35 Alzheimer’s patients with four super nursing aids. I felt like Cinderella with my heart in my throat, as I struggled to beat the clock frantically passing more than 200 meds. And my deadline wasn’t midnight: it was sundown.

My next stop: Springfield, Missouri, autumn 2002. The leaves that painted the Ozark hills were breathtaking. Patients were warm, friendly, and made little to no demands. The nurses were by far the best I had ever encountered. Being a relatively new nurse, especially new to the medical-surgical arena, I relied heavily on my colleagues for mentoring. And while my nursing experiences in Springfield were by far the most positive, there still existed a problem universal to our nursing profession: a sense that nurses are invisible.

Former U.S. Speaker of the House, Newt Gingrich, has written a book, “Saving Lives and Saving Money.” In it he states that healthcare is on the brink of collapse. He openly credits nurses as a potential key to saving healthcare. He wrote: “...maybe nurses and doctors should work together from day one in medical school.”

Indeed, few know better than nurses how healthcare works. We understand doctor politics, lawsuits, and HMOs. We know that preventive medicine is better than reactive medicine. We are expert teachers who know best how to empower a patient. We understand that quality of life is not just about the physiological, but also about the mind and spirit. We know how to support the patient who says, “enough.”

It is time nurses speak to the public and demonstrate that we are not just about caring and compassion, but about brilliance, courage, and extraordinary skill.

Missouri nurses: you have inspired me to believe in the good in nursing. Together let’s channel our energy to save our nation’s healthcare!

President cont. from pg. 1

ed that the newsletter is cluttered with advertisements. We use the services of the Arthur L. Davis Agency to publish and distribute our newsletter. The Board of Nursing incurs NO cost for this. The publishing company mails the newsletter to every Missouri licensed nurse. The publishing company does sell advertisements in order to assist with funding the mailing to approximately 97,000 individuals. We would not be able to fund a quarterly newsletter with a distribution of all Missouri licensed nurses without the Arthur L. Davis Agency.

We also received several comments related to employment issues such as, state and federal regulations, staffing issues, excessive use of unlicensed personnel, temporary nursing staff, inadequate job training/orientation, etc. The Missouri State Board of Nursing has regulatory authority of RNs, LPNs and advanced practice nurses. The Board does not have authority to regulate facilities that employ nurses nor do we have authority to regulate unlicensed personnel. In this newsletter you will find a press release from the National Council of State Boards of Nursing indicating that their membership has directed the National Council to draft a position paper, model rules and regulations on unlicensed personnel. If you have issues with your employer, you should consult your employee manual for grievance procedure information and/or contact the regulatory agency that regulates your employer.

You can find rules for other agencies on the Secretary of State’s web site at <http://www.sos.mo.gov/adrules/csr/csr.asp>. The following table shows you the rule number you need to locate for different agencies.

RULES OF INTEREST TO NURSES

Advanced Practice Nurse	4 CSR 200-4.100
Collaborative Practice	
Nursing	4 CSR 200-4.200
Healing Arts	4 CSR 150-5.100
Department of Mental Health;	
Mental Health Programs	9 CSR 30-4.010 - 4.190
Alcohol and Drug Abuse Programs	9 CSR 30-3.010 - 3.970
Division of Aging: Intermediate Care and Long-Term Care Facilities:	
Nurse Assistant Training	13 CSR 15-13.010
Medication Technician Training	13 CSR 15-13.020
Administration and Resident Care Requirements	13 CSR 15-14.042
Residential Care Facilities:	
Administrative, Personnel and Resident Care Requirements	13 CSR 15-15.042
In-Home Service Standards	13 CSR 15-7.021
Division of Medical Services:	
Hospice Services Program	13 CSR 70-50.010
Medicaid Benefits for Nurse	
Midwife Services	13 CSR 70-55.010
Home Health Care Services	13 CSR 70-90.010
Personal Care Program	13 CSR 70-91.010
Private Duty Nursing Care Under Healthy Children and Youth Program	13 CSR 70-95.010
Generic Drug Formulary	4 CSR 220-3.011
Hospital Regulations:	
Definitions	19 CSR 30-20.011
Administration of Program	19 CSR 30-20.015
Organization and Management	19 CSR 30-20.021
Nonpharmacy Dispensing	4 CSR 150-5.020
Prescription Requirements	4 CSR 220-2.018

New Board Member

We are pleased to announce the appointment of David W. Barrow, LPN, to the Board of Nursing. David was appointed to the Board by Governor Bob Holden on August 6, 2003. He graduated in 1995 from Penn Valley Community College PN program in Kansas City, Mo.

David has worked in a geriatric facility in Blue Springs, Mo., and is currently employed by the Missouri Department of Mental Health, Crossroads Group Home in Kansas City. He is responsible for physical and mental wellness, as well as, educating the clients and staff about medications and physical issues. In 2000, David served as an Instructor-Trainer of Basic Life Support (BLS) and was named Western Missouri Mental Health Center (WMMHC) LPN of the year.

“To make a difference in people’s lives” is why David became a nurse. He has found that difference is not as quickly noticed since he has become a Mental Health nurse, but it is more satisfying to him when changes are accomplished.

David resides in Independence, Mo., with his wife, Rhonda. For relaxation and fun he enjoys throwing darts competitively and watching sports.

Welcome to the Board, David!



Barrow

MSBN Board President Appointed to Cox College of Nursing’s Board of Trustees

Cox College of Nursing and Health Sciences is pleased to announce the appointment of Dr. Robin Vogt, a 1982 Burge School of Nursing graduate, to its Board of Trustees. Dr. Vogt was nominated by the Executive Board of the Burge School/Cox College Nursing Alumni Association. She was selected for her interest in continuing education and dedication to the nursing profession and as an alumnus of the predecessor school (Burge). The committee felt that Dr. Vogt would be a valuable asset to the Board and would strive to assure that quality education will continue to be offered by the college. She was elected to a two-year term that began with the August 19, 2003 board meeting.

National Committee Appointments

Teri A. Murray, Ph.D, R.N., member of the Missouri State Board of Nursing, was recently appointed to the Item Review Subcommittee. The subcommittee evaluates all RN and PN pretest questions as well as all operational items, evaluates actual candidate examinations in relation to a variety of criteria, provides written reports to the Examination Committee at each business meeting and may assist the Examination Committee by providing subcommittee representation at item development meetings.

Discipline Corner

Authored by Liz Cardwell, RN, ME.D.
Discipline Administrator

Missouri State Board of Nursing Discipline Committee Members:

Charlotte York, LPN, Chair
Arthur Bante, BSA, RN, CRNA
Linda Conner, BSN, RN
Paul Lineberry, PhD
Kay Thurston, ADN, RN
Janet Vanderpool, MSN, RN

“WHAT DO YOU TO TELL THEM?”

Employers generally call the Board office to verify the status of the licenses of nurses who are being considered for hiring or as part of monitoring during the licensure renewal periods so that the employer can be assured that the nurse has a current and active license. Additionally, the employer or potential employer is informed of current or past disciplinary actions. Inquiries are not only limited to coming from health care entities but may include a member of the public.

When a nurse has never had a disciplinary action against his/her nursing license, only certain information may be given to the caller without a written authorization



Cardwell

from the nurse to release further information. The information given is regulated by Chapter 620-RSMo 2000. Information which is not considered by law to be confidential (open record) and may be given to an inquirer regarding identity, is as follows: a nurse’s name, address, profession (RN, LPN, APRN), license number, date the license was issued, license status (current and active, inactive or lapsed), whether or not the nurse (LPN) is I.V. certified and whether or not there has been disciplinary action, past or current, on the license.

Information, which is considered confidential (closed record) is educational transcripts, test scores, complaints and investigatory reports; this information pertaining to the nurse may not be disclosed without the written consent of the nurse whose record is involved.

The Mandatory Reporting Rule (4 CSR 200-4.040) was promulgated by the Missouri State Board of Nursing via the statutory authority of the Tort Reform Law, Section 383.130-383.133, RSMO; Reports on Health Care Professionals-Business and Financial Institutions enacted in 1986. (The statute from which the rule evolved).

This rule mandates that all hospitals and ambulatory surgical centers report to the Board any final disciplinary actions. Hospitals and ambulatory surgical centers should have policies, which reflect what in the progressive disciplinary process is considered final disciplinary action.

Section 383.130 defines disciplinary action as any final action taken to reprimand, discipline or restrict the practice of the health care professional.

The Mandatory Reporting Rule plays a role in the information given to the inquiring party regarding the status of a nurse’s license in non-disciplinary decisions by the Board. If the allegation comes from a hospital or ambulatory surgical center (mandated reporter) **and** the inquiring party is from a hospital or ambulatory center, the inquirer is informed of an existing complaint or past complaint and the Board decision. If **either** the complainant or the inquiring party is **not** a Mandated Reporter, non-disciplinary information is **not** shared unless the licensee has signed an authorization to release information or a court order is received.

In the event the nurse has been disciplined in the past or is currently disciplined, the inquiring party is informed of the type of discipline (censure, probation, suspension or revocation) rendered. Additionally, the inquiring party is informed of the length of the disciplinary period, any employment restrictions and the critical event(s) that violated the Nursing Practice Act (Finding of Facts in the disciplinary document) and subsequently resulted in the disciplinary action.

In conclusion, information, which is shared with others as explained above, is given in an objective and professional manner without negative inferences from voice tone and attitude from Board staff.

Investigation Corner

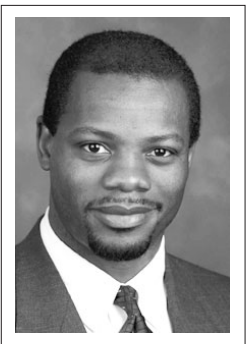
Authored by Quinn Lewis
Investigations Administrator

The Board of Nursing has made changes to its investigative process. As a result, we are conducting and completing investigations in a more timely manner. Our new process involves some changes in how a complaint is handled. We would like to take this opportunity to educate you by emphasizing three points that relate to the new investigative process. Those points are:

- How to submit a complaint against a licensee and what information is required.
- Legally, what information can be released without violating the current HIPAA Laws?
- What happens when a complaint is filed against a licensee?

The majority of complaints received by the Board originate from medical facilities, other licensees and consumers. Occasionally we receive anonymous complaints. Due to the mandatory reporting rule, hospitals and ambulatory surgical centers are required to report disciplinary action against a licensee. When filing a complaint or complying with the mandatory reporting rule, please provide the following information:

- A. The identity of the licensee involved including the correct spelling of their first and last name. If it is known, include the licensee's license number and social security number for additional verification.
- B. A detailed narrative describing the events that took place including dates and times of each alleged inci-



Lewis

- dent. Submit all documents and records that will substantiate your complaint.
- C. A list of witnesses, along with contact information for each. Only list those who have first-hand knowledge of the incident. If you refer to someone in your report, please refer to him or her by name.

After reading the above information, you are probably wondering, how can this information be submitted without being in violation of HIPAA. First, to clarify, HIPAA only covers a patient's personal health information, not a licensee's personnel file. HIPAA states that covered entities (facilities falling under HIPAA) may disclose PHI (protected health information) in a judicial or administrative proceeding if the request for information is through an order from a court or administrative tribunal. Also, HIPAA states that there is no restriction on De-Identified information. De-Identified information is defined as, information that neither identifies nor provides a reasonable basis to identify an individual.

The Board takes all complaints seriously, but some complaints are considered more of a threat to the public than others. This new process allows us to immediately investigate those complaints that are a serious threat to the public.

When a complaint is received at the Board of Nursing it is read and evaluated by the Investigations Administrator. After it is evaluated, it is decided if the complaint is to be assigned as an in house investigation or as a field investigation. The majority of in house investigations will consist of conducting phone interviews and obtaining written statements. The complaint can't be properly evaluated if we don't have all the information to review. That is why you need to be very detailed when submitting a complaint. Following the review, a letter of notification is sent to the licensee. A copy of the complaint is included. The licensee should immediately take the following action after he/she receives the letter of notification.

- A. If the letter asks the licensee to respond in writing to the complaint, the licensee should respond within the time frame indicated on the letter. The letter should be typed and must be signed and notarized. This is the licensee's opportunity to tell his/her side of the story to the Board. Please respond only to the allegations.
- B. If the letter informs the licensee that an investigator will contact him/her in the future, the licensee only has to wait until that contact is made. The investigator will then start their investigation.

While some of this is new and there will be growing pains, if you comply with the above requests, it will speed up the process and produce a faster disposition to nursing complaints. If you have any questions, please feel free to contact Investigations at 573-751-0070.

Education Corner



Authored by Marilyn K. Nelson, RN, MA
Education Administrator

Missouri State Board of Nursing Education Committee Members:

Teri A. Murray, Ph.D., RN, Chair
Arthur Bante, BSA, RN, CRNA
Janet Vanderpool, MSN, RN
Linda K. Conner, BSN, RN

First, a follow up to the information regarding revision of 4 CSR 200-6.010 Intravenous Fluid Treatment Administration as presented in the last issue of the Board of Nursing Newsletter. At the time this article is being written, the draft of the proposed rule change is still being reviewed by the Division of Professional Registration and Department of Economic Development, so it has not yet been published in the *Missouri Register* for public comment. Again, the Board will keep you informed of the rule and provide you with a summary of changes in subsequent Newsletter articles.

Second, this is the issue of the Newsletter that contains the NCLEX® pass rates for all approved programs of nursing in Missouri that lead to an initial nursing license. The testing period involved is July 1, 2002 through June 30, 2003. The Missouri State Board of Nursing reviewed the results at the September 10-12, 2003 meeting.

How does Missouri rank nationally? The pass rates for Missouri first time candidates were above the national average for both the professional (RN) and practical (PN) nursing NCLEX® examinations. The national average



Nelson

includes the 50 states plus the District of Columbia, American Samoa, Guam, Puerto Rico, and the Virgin Islands. The national average for RN candidates was 87.29% and graduates of Missouri programs had an 88.92% pass rate. For the NCLEX-PN® examination, the national average was 87.14% and graduates of Missouri programs had an 89.78% pass rate. The pass rates for RN candidates in Missouri increased over last year from 87.11% in 2001-2002 to 88.92% but decreased a little for PN candidates, from 90.57% in 2001-2002 to 89.78%.

When compared with our neighboring states of Kansas, Nebraska, Iowa, Illinois, Arkansas, and Oklahoma, the rankings have changed a bit from last year. Nebraska continues to have the highest pass rate for the NCLEX-RN® (90.14%). Missouri again had the second highest pass rate for the RN exam with 88.92%. The pass rates on the RN exam ranged from 84.91% to 88.78% for the other five states. For the NCLEX-PN® examination, Iowa had the highest pass rate with 92.41%. Missouri dropped from third to fourth with an 89.78% pass rate. Nebraska and Illinois surpassed Missouri with pass rates of 90.61% and 90.27% respectively. The three remaining states had pass rates ranging from 86.77% to 89.26%. So, graduates of Missouri programs and those of neighboring states are doing well on the licensing examinations.

Twenty-one nursing programs in Missouri had pass rates of 100% for the 2002-2003 testing period - two Baccalaureate, one Diploma, five Associate Degree, and 13 Practical Nursing. You will find these programs listed elsewhere in this Newsletter. Three practical nursing programs have now had **four consecutive years** of 100% pass rates - Cape Girardeau Career and Technology Center, Hannibal Public Schools, and Kennett Area Vocational and Technical School.

Another interesting note is that there were more first time candidates in Missouri who took the NCLEX PN®

examination - 998 this year as compared to 880 last year for an increase of 118. There were 30 fewer first time candidates for the RN examination - 1,615 for this year as compared to 1,645 last year.

This last bit of information may provoke questions regarding enrollments in the various nursing programs in the state. At meetings attended around the state, the Education Administrator conducted an informal survey requesting information concerning enrollments, reasons why a program may not be meeting enrollment targets and/or seeking approval to increase admission, and attrition. Responses were obtained from 76% of the practical, 50% of the Associate Degree, and 85% of the Baccalaureate nursing programs. Almost all of the practical nursing programs polled, (30 out of 32) stated that they were currently enrolling the maximum number of students for which approved and 23 programs have a waiting list. Of the ADN programs, 10 out of 15 stated that enrollment targets were being met while only 7 of the 17 BSN programs stated that enrollment targets were being met. The two major factors for all nursing programs polled to not meet enrollment targets or request an increase in the number of admissions were the lack of qualified faculty available (36%) and the lack of appropriate clinical/health care facilities for student learning experiences (44%). Many of the practical nursing programs do not have the physical space (classrooms, skills laboratory, etc) to expand the program. Of course, state and local budget cuts have also affected public institutions, especially in regards to faculty salaries. The major reason why a student withdraws from a nursing program is personal and family issues. The second reason is academic performance. Some of the results of these informal surveys will be elaborated upon in future issues of the Newsletter. Please keep in mind that the nursing shortage issue is multifaceted and the education of future nurses is one of several components.

Education Corner cont. on pg. 9

Education Corner cont. from pg. 8

Missouri Approved Practical Nursing Programs Name of Program	# Classes per year	Approved # Students per class	7/98-6/99	7/99-6/00	7/00-6/01	7/01-6/02	7/02-6/03	#Students tested in Fiscal Report Yr 02-03
Applied Technology Services/West 17-154 - Chesterfield, MO	2	24 per class	85.70%	78.10%	82.80%	90.00%	97.30%	37
Applied Technology Services/MET 17-100 - Wellston, MO	2	24 per class	N/A	N/A	N/A	N/A	N/A	N/A
Boonslick Area Vocational Technical School 17-166 - Boonville, MO	1	24	82.60%	94.70%	90.00%	92.30%	100.00%	22
Cass Career Center 17-129 - Harrisonville, MO	1	24	N/A	76.50%	94.40%	94.10%	95.45%	22
Cape Girardeau Career and Technology 17-167 0 Cape Girardeau, MO	1	27	95.50%	100.00%	100.00%	100.00%	100.00%	15
Columbia Public Schools 17-199 - Columbia, MO	2	32 per class	95.10%	85.10%	82.90%	71.40%	82.69%	52
Concord Career Institute 17-194 - Kansas City, MO	2	30 per class	N/A	N/A	N/A	N/A	N/A	N/A
Deaconess College of Nursing/On-Line 17-110 - St. Louis, MO	2	100 per class	N/A	N/A	N/A	N/A	N/A	N/A
Franklin Technology Center 17-195 - Joplin, MO	1	32	93.50%	100.00%	85.70%	90.90%	86.36%	22
Gibson Area Vocational Technical School 17-164 - Reeds Spring, MO	1	40	89.50%	92.00%	85.00%	95.70%	100.00%	23
Hannibal Public School 17-193 - Hannibal, MO	1	30	93.30%	100.00%	100.00%	100.00%	100.00%	12
Hillyard Technical Center 17-189 - St. Joseph, MO	1	35	100.00%	95.70%	96.35%	96.20%	94.44%	18
Jefferson College 17-174 - Hillsboro, MO	1	75	97.80%	91.70%	100.00%	96.60%	100.00%	22
Kennett Area Vocational Technical School 17-169 - Kennett, MO	1	20	82.40%	100.00%	100.00%	100.00%	100.00%	17
Kirksville Area Vocational Technical School 17-186 - Kirksville, MO	1	27	100.00%	88.90%	77.35%	81.35%	100.00%	21
Lex La-Ray Technical Center 17-105 - Lexington, MO	1	28	86.70%	88.20%	100.00%	90.00%	100.00%	9
Mineral Area College 17-192 - Park Hills, MO	1	32	100.00%	94.40%	94.40%	94.75%	100.00%	27
Moberly Area Community College 17-183 - Moberly, MO	1	32	89.50%	88.90%	85.70%	78.60%	100.00%	14
Moberly Area Community College 17-161 - Mexico, MO	1	30	100.00%	87.50%	83.30%	100.00%	100.00%	10
Nevada Regional Technical Center 17-187 - Nevada, MO	1	30	91.30%	81.80%	88.20%	80.00%	83.33%	18
Nichols Career Center 17-190 - Jefferson City, MO	1	35	95.20%	58.30%	100.00%	86.70%	80.00%	15
Notrth Central Missouri College 17-185 - Trenton, MO	1	65	92.70%	80.00%	93.50%	100.00%	94.12%	34
Northland Career Center 17-102 - Platte City, MO	1	29	91.30%	92.60%	83.30%	100.00%	84.62%	26
Northwest Technical School 17-179 - Maryville, MO	1	25	100.00%	87.50%	90.00%	93.80%	72.73%	22
Ozarks Technical Community College 17-198 - Springfield, MO	2	31 per class	96.30%	97.60%	91.70%	100.00%	100.00%	34
Penn Valley Community College 17-157 - Kansas City, MO	2	90 per year	96.90%	76.90%	82.70%	91.70%	85.19%	81
Pike/Lincoln Technical Center 17-168 - Eolia, MO	1	25	100.00%	88.20%	89.50%	87.50%	84.21%	19
Poplar Bluff School District 17-153 - Poplar Bluff, MO	1	24	86.40%	90.00%	100.00%	92.90%	92.86%	14
Rolla Technical Institute 17-184 - Rolla, MO	1	32	92.30%	92.30%	92.00%	96.20%	96.77%	31
Saline County Career Center 17-175 - Marshall, MO	1	22	80.00%	78.90%	69.20%	71.40%	88.24%	17
Sanford Brown College/KC 17-152 - North Kansas City, MO	2	65 per class	69.40%	79.10%	87.10%	100.00%	95.65%	23
Sanford Brown College/St. Charles 17-104 - St. Charles, MO	2	50 per class	77.50%	72.00%	95.20%	100.00%	84.62%	39
Sikeston Public Schools/Sikeston 17-188 - Sikeston, MO	1	50	80.80%	62.50%	92.10%	90.00%	83.33%	42
Sikeston Public Schools/Hayti - Hayti, MO (Closed Program)	1	20	72.70%	60.00%	84.20%	88.90%	62.50%	16
South Central Area Vocational Technical School 17-177 - West Plains, MO	2	40 per class	97.10%	96.80%	100.00%	97.15%	100.00%	34
St. Charles Community College 17-150 - St. Peters, MO	1	60	44.40%	78.60%	100.00%	75.00%	77.78%	18
St. Louis College of Health Careers/Butler Hill 17-170 - St. Louis, MO	2	30 per class	N/A	N/A	90.05%	65.50%	72.73%	33
State Fair Community College 17-182 - Sedalia, MO	1	36	97.10%	100.00%	96.60%	100.00%	87.50%	32
Texas Technical Institute 17-135 - Houston, MO	1	30	N/A	N/A	100.00%	N/A	84.62%	13
Tri-County Technical School 17-108 - Eldon, MO	1	25	88.90%	95.00%	100.00%	95.00%	94.12%	17
Warrensburg Area Vocational Technical School 17-172 - Warrensburg, MO	1	30	90.90%	87.00%	90.90%	89.50%	87.50%	24
Washington School of Practical Nursing 17-176 - Washington, MO	1	35	100.00%	87.50%	88.25%	88.00%	91.67%	24
Waynesville Technical Academy 17-165 - Waynesville, MO	1	30	96.20%	100.00%	92.60%	83.30%	90.48%	21

Missouri Approved Diploma Degree Program Name of Program	# Classes per year	Approved # Students per class	7/98-6/99	7/99-6/00	7/00-6/01	7/01-6/02	7/02-6/03	#Students tested in Fiscal Report Yr 02-03
Lutheran School of Nursing 17-392 - St. Louis, MO	2	125	75.50%	69.40%	67.60%	92.00%	100.00%	20

Education Corner cont. from pg. 9

Missouri Approved Associate Degree Nursing Programs	# Classes per year	Approved # Students per class	7/98-6/99	7/99-6/00	7/00-6/01	7/01-6/02	7/02-6/03	#Students tested in Fiscal Report Yr 02-03
Name of Program								
Columbia College 17-412 - Columbia, MO	2	32 per class	78.90%	96.00%	100.00%	85.00%	90.00%	10
Crowder College 17-410 - Neosho, MO	2	85 Total	91.20%	93.90%	93.50%	95.80%	96.00%	25
Deaconess College of Nursing 17-415 - St. Louis, MO	2	20 per class	61.90%	100.00%	42.90%	75.00%	73.33%	15
Deaconess College of Nursing /On Line 17-430 - St. Louis, MO	2	100 per class	N/A	N/A	N/A	N/A	N/A	N/A
East Central College/Union 17-470 - Union, MO	1	24	83.30%	100.00%	93.80%	73.70%	62.50%	8
East Central College/Union 17-426 - Rolla, MO	1	16	71.40%	70.00%	90.00%	85.70%	50.00%	4
Fort Leonard Wood Satellite/Lincoln Universty 17-416 - Fort Leonard Wood, MO	1	40	84.60%	70.00%	84.00%	89.70%	61.90%	21
Hannibal La-Grange College 17-472 - Hannibal, MO	1	30	100.00%	85.70%	55.60%	80.00%	100.00%	4
Jefferson College 17-460 - Hillsboro, MO	1	60	79.35%	75.00%	88.10%	94.40%	100.00%	26
Jewish College of Nursing 17-420 - St. Louis, MO	3	150	84.10%	79.60%	82.90%	75.30%	84.42%	77
Lester L. Cox College of Nursing 17-425 - Springfield, MO	2	60 per class	82.10%	95.80%	92.50%	93.50%	80.28%	71
Lincoln University/Jefferson City 17-467 - Jefferson City, MO	2	30 per class	86.70%	94.70%	95.20%	82.40%	83.33%	30
Mineral Area College 17-466 - Park Hills, MO	1	48	83.30%	88.20%	73.10%	88.20%	87.50%	24
Moberly Area Community College 17-474 - Moberly, MO	2	70	86.50%	97.20%	94.10%	87.80%	93.94%	33
North Central Missouri College 17-405 - Trenton, MO	1	40	79.10%	75.00%	89.20%	69.20%	75.00%	36
North Central Missouri College Out/Reach 17-475 - Trenton, MO	1	15	N/A	N/A	N/A	N/A	100.00%	4
Park University 17-411 - Parkville, MO	1	40	94.40%	92.60%	78.90%	86.70%	85.19%	27
Penn Valley Community College 17-465 - Kansas City, MO	2	120 per class	75.50%	87.80%	89.30%	89.30%	92.96%	71
Sanford Brown College/St. Charles 17-421 - St. Charles, MO	1	30	70.90%	82.10%	N/A	87.50%	87.50%	24
Southeast Missouri Hospital College of Nursing & Health Sciences 17-424 - Cape Girardeau, MO	1	70	100.00%	88.10%	87.50%	72.70%	93.10%	29
Southwest Missouri State University 17-400 - West Plains, MO	1	35	79.20%	92.90%	75.00%	90.50%	91.89%	37
St. Charles Community College 17-468 - St. Peters, MO	1	120	95.60%	92.70%	92.60%	94.60%	94.12%	51
St. John's School of Nursing/SBU 17-418 - Springfield, MO	2	125 per class	94.95%	86.80%	93.50%	98.10%	92.21%	77
St. Louis Community College/Flo Valley 17-464 - St. Louis, MO	2	60	83.75%	87.20%	63.20%	87.50%	100.00%	18
St. Louis Community College/Forest Park 17-476 - St. Louis, MO	3	55 per class	83.30%	91.70%	89.50%	74.20%	64.10%	39
St. Louis Community College/Meramec 17-477 - St. Louis, MO	2	60 per class	93.60%	95.30%	95.00%	87.90%	95.35%	43
State Fair Community College 17-408 - Sedalia, MO	2	24-Aug./36 Jan.	81.50%	88.00%	85.70%	84.60%	90.91%	33
Three Rivers Community College 17-437 - Sikeston, MO	1	26	N/A	66.70%	88.90%	77.30%	81.82%	11
Three Rivers Community Colleg 17-462 - Poplar Bluff, MO	1	30	73.70%	62.10%	80.00%	91.70%	100.00%	20

Missouri Approved Baccalaureate Degree Programs	# Classes per year	Approved # Students per class	7/98-6/99	7/99-6/00	7/00-6/01	7/01-6/02	7/02-6/03	#Students tested in Fiscal Report Yr 02-03
Name of Program								
Avila University 17-554 - Kansas City, MO	1	50	90.00%	83.30%	87.50%	78.95%	92.86%	14
Barnes College of Nursing and Health Sciences - UMSL 17-506/St. Louis	2	150 per class	71.60%	87.10%	91.20%	90.90%	97.26%	73
Central Methodist College 17-509 - Fayette, MO	1	50	87.50%	58.80%	69.20%	58.80%	100.00%	6
Central Missouri University 17-573 - Warrensburg, MO	2	30 per class	88.90%	87.80%	92.00%	100.00%	96.00%	25
Blessing-Rieman College of Nursing/Quincy IL 17-504/Quincy, IL	1	65	62.50%	85.71%	88.00%	100.00%	86.96%	23
Deaconess College of Nursing 17-500 - St. Louis, MO	2	100	91.50%	93.20%	89.40%	88.40%	90.48%	21
Graceland University 17-508 - Independence, MO	1	50	86.40%	94.70%	63.30%	86.70%	87.88%	33
Maryville University of St. Louis 17-501 - St. Louis, MO	1	120	63.60%	72.20%	84.60%	89.30%	75.68%	37
Missouri Southern State College 17-510 - Joplin, MO	1	60	75.00%	89.70%	94.70%	100.00%	84.85%	33
Missouri Western State College 17-502 - St. Joseph, MO	2	50 per class	88.90%	84.80%	93.00%	90.90%	89.29%	56
Research College of Nursing 17-566 - Kansas City, MO	2	125	84.80%	77.50%	88.90%	83.30%	81.25%	32
Sinclair School of Nursing 17-582 University of Missouri Columbia - Columbia, MO	2	70 per class	86.20%	88.90%	85.65%	88.30%	92.73%	110
Southeast Missouri State University 17-563 - Cape Girardeau, MO	2	35 per class	73.20%	78.80%	93.90%	87.20%	83.02%	53
St. Louis University 17-588 - St. Louis, MO	3	120 per class	86.50%	80.00%	92.50%	96.30%	94.12%	68
St. Luke's College of Nursing 17-505 - Kansas City, MO.	1	65	96.70%	88.20%	97.60%	89.50%	95.74%	47
Truman State University 17-572 - Kirksville, MO	1	65	84.00%	82.90%	89.30%	90.00%	91.67%	36
William Jewell College 17-560 - Liberty, MO	1	60	80.80%	90.00%	79.30%	85.70%	100.00%	20

Practice Corner

Authored by Lori Scheidt

Missouri State Board of Nursing Practice Committee Members

Janet Vanderpool MSN, RN, Chair
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Robin Vogt PhD, RN, FNP-C
Charlotte York LPN

Vacant Position

The Practice Administrator position is vacant at this time. The Board is in the process of evaluating the workload and job duties of this position for posting at a later date. At the current time, we cannot hire due to a hiring freeze.

Correction to Last Newsletter

On page 7 of the last newsletter, Dr. Tadych included an article on the education of Advanced Practice Nurses in Missouri. The article indicated that an advanced practice nurse must complete a formal basic nursing education program (4-year baccalaureate degree; 3-year diploma; 2-year associate degree), that includes nursing theory and clinical nursing practice leading to licensure as a registered professional nurse, AND complete a:

- Formal post-basic nursing education program from or formally affiliated with an accredited college or university of at least 1 year in length with a concentration in an advanced practice nursing clinical specialty area that includes advanced nursing theory and clinical nursing practice, OR
- Master’s degree or post-master’s certificate from an accredited college or university with a concentration in an advanced practice nursing clinical specialty area that includes advanced nursing theory and clinical nursing practice. A master’s degree or post-master’s certificate is the most frequent education program completed and is required for graduate status recognition by the Missouri State Board of Nursing.

This article led some to believe that you could become an advanced practice nurse in as little as three years. I wanted to clarify that to become an advanced practice nurse, you must first be a licensed RN and then complete a master’s or post-master’s advanced practice nurse education program. One of the admission requirements for a master’s degree program is 4-year baccalaureate degree. To summarize, the requirements to apply for recognition as an advanced practice nurse include (1) Missouri RN license; (2) Graduation from a graduate level advanced practice nursing program accredited by a national accrediting body; (3) Currently certified by a national certifying body in the advanced practice specialty appropriate to educational preparation; and (4) Maintenance of certification or evidence of maintenance of competence if no certification is available.

Missouri State Board of Nursing Position Paper – Patient Abandonment

The Missouri State Board of Nursing believes that the provisions in Chapter 335 and its regulations reflect this State’s public policy that its licensed nurses have a responsibility to faithfully serve the best interests of their patients.

In order to address the many calls received by the Board from licensed nurses seeking guidance on how to protect their individual licenses and also carry out their duty to protect their patients, the Board hereby seeks to clarify some of

the parameters of patient abandonment with this position statement. This position statement, however, is meant to be only a general guideline as to what may constitute patient abandonment from the Board’s perspective, since any and all complaints alleging patient abandonment are considered on a case-by-case basis by the Board.

Patient abandonment occurs after a licensed nurse has come on duty for a previously agreed upon work time period and has accepted his/her patient care assignment/s. Patients’ health, welfare, and safety are key factors in deciding a licensed nurse’s accountability and responsibility in a given situation.

Patient abandonment may include, but is not limited to, the following scenarios:

- Leaving the place or area of employment during an assigned patient care time period without properly advising appropriate person/s so that arrangements can be made for continuation of nursing care by qualified others
- Leaving the workplace without adequately providing a patient status report to oncoming qualified personnel
- Leaving an emergency patient care situation that would be considered overtly dangerous based on the standard of actions of a similarly qualified reasonable and prudent licensed nurse
- Showing lack of competent attention to or leaving a patient in acute distress without proper notification of appropriate personnel and/or without making appropriate arrangements for continuation of nursing care
- Making inadequate patient contacts, assessments, or interventions either directly or indirectly through improper supervision of other nursing care providers
- Sleeping while on duty

Provision of qualified, appropriate, and adequate numbers of personnel to care for patients are the responsibility of the employer. The Missouri State Board of Nursing has no jurisdiction over employment related matters.

The Missouri State Board of Nursing considers the following scenarios to be some examples of employer-employee issues, which, therefore, do not generally constitute instances of patient abandonment to the Board:

- Failure to work beyond previously agreed upon work time period¹
- Refusal to work in an unfamiliar, specialized, or "high tech" patient care area when there has been no orientation, no educational preparation, or employment experience
- Refusal to report to work
- Failure to call employer or arrive for assigned work time period
- Accumulation of "too many" days not worked
- Failure to return to work from a scheduled leave of absence
- Resignation from a position after completion of assigned patient care time period, such as an assigned shift, and not fulfilling the remaining posted work schedule
- Termination of employer-employee relationship, after completion of an assigned patient care time period, by licensed nurse employee without providing employer with a period of time to obtain replacement for that specific position, such as resigning without notice

¹The Missouri State Board of Nursing has adopted the following resolution passed by the National Council of State Board of Nursing, Inc. (NCSBN) at its August 2001 Delegate Assembly: *NCSBN promotes safe and effective*

nursing practice in the interest of protecting public health and welfare. Therefore, National Council recognizes the professional responsibility of nurses to accept or decline overtime assignments based on their self-assessment of ability to provide safe care.

Approved 12/4/2001

Written Prescriptions

Question: Can I, as a RN, write a physician's verbal drug order as a verbal order on the physician's prescription pad, sign the physician's name followed by my own signature, and then send the patient off to the pharmacist with this prescription?

Answer: No. Pursuant to the statute, 338.095.2, RSMo, a RN can act as the authorized agent of the physician to telephone or electronically transmit a physician's prescription to a pharmacist. According to the rule, 4 CSR 220-2.018 Prescription Requirements (1)(C), in order for a prescription to be valid for purposes of dispensing a medication by a pharmacy, it must conform to all requirements as outlined in sections 338.056 or 338.196, RSMo, and contain the following information...(C) The prescriber's name, if an oral prescription, signature if a written prescription. In other words, it must be the prescriber's signature. (1999)

Delegation

The National Council of State Boards of Nursing has several documents regarding delegation. You can access the documents from their web site at www.ncsbn.org . Go to Nursing Regulation and then Delegation and UAP. Two of these documents are being reprinted here with permission from the National Council of State Boards of Nursing.

Delegation Decision-making Tree

The Delegation Decision-making Tree was another tool developed to assist nurses in making delegation decisions. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions.

To use the Delegation Decision-making Tree below, start with a specific client, care-giver and nursing activity. Beginning at the top of the tree, ask each question as presented in the box. If you answer “no” to the question, follow the instructions listed to the right of the box and arrow. If you answer “yes,” proceed to the next box. If you answer “yes” for any questions, the task is delegable.

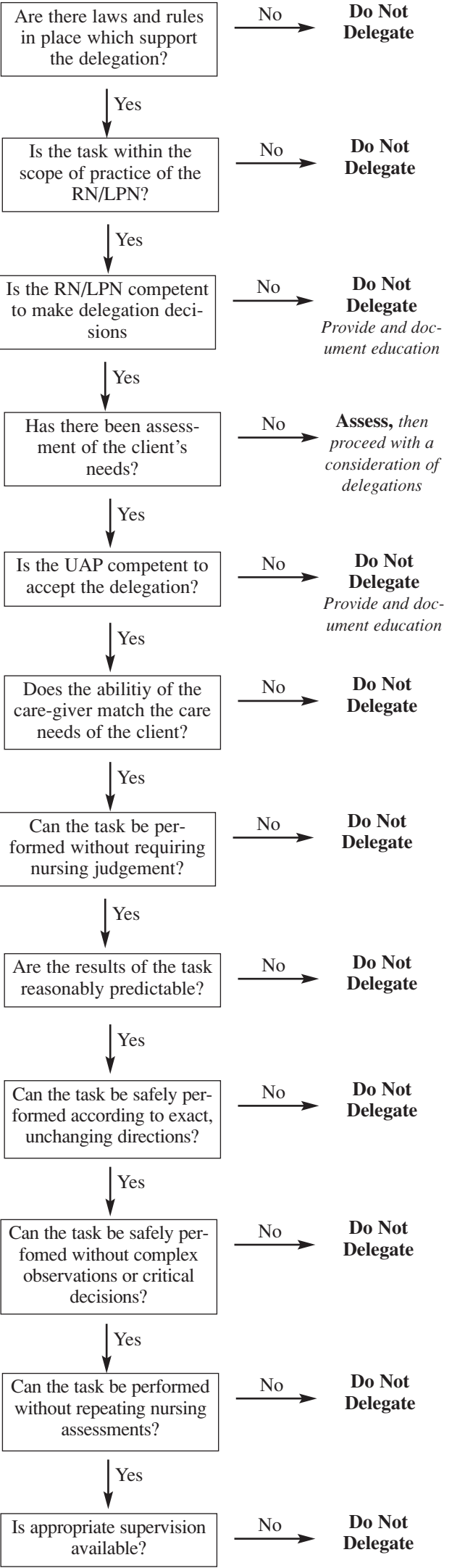
The grid can be used:

- For nurses making delegation decisions.
- For staff education regarding delegation.
- For orientation of new staff, both nurse and UAP.
- For nursing education programs providing basic managerial skills for students.
- For nursing continuing education.
- For Member Boards responding to questions about delegation (Boards may consider including this tool as part of a delegation information packet).
- For orientation of new board members and attorneys.
- For Member Board workshops and presentations regarding delegation issues.
- For evaluation of discipline complaints involving concerns regarding delegation.

The Delegation Decision-making Tree was adapted from a similar tool previously developed by the Ohio Board of Nursing.

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Delegation Decision-making Tree
Adapted from the Delegation Decision Tree developed by the Ohio Board of Nursing



Note: Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP.

Practice Corner cont. from pg. 12

The Five Rights of Delegation

All decisions related to delegation of nursing activities must be based upon the fundamental principle of public protection. Licensed nurses have ultimate accountability for the management and provision of nursing care, including all delegation decisions. However, seldom is a single nurse accountable for all aspects of the delegation decision-making process, its implementation, supervision, and evaluation. The Five Rights of Delegation, identified in Delegation: Concepts and Decision-making Process (National Council, 1995), can be used as a mental checklist to assist nurses from multiple roles to clarify the critical elements of the decision-making process. Nursing service administrators (all levels of executive/management nurses) and staff nurses each have accountability in assuring that the delegation process is implemented safely and effectively to produce positive health outcomes.

Nursing service administrators (NSA) and staff nurses must work together collaboratively and cooperatively to protect the public and maintain the integrity of the nursing care delivery system. The following principles delineate accountability for nurses at all levels from NSA to staff nurses.

Right Task	
Nursing Service Administrator (NSA)	Staff Nurse
Appropriate activities for consideration in delegation decisions are identified in UAP job descriptions/role delineation.	Appropriate delegation activities are identified for specific client(s).
Organizational policies, procedures and standards describe expectations of and limits to activities.	Appropriate activities are identified for specific UAP.

- Generally, appropriate activities for consideration in delegation decision-making include those:
1. which frequently reoccur in the daily care of a client or group of clients;
 2. which do not require the UAP to exercise nursing judgment;
 3. which do not require complex and/or multi-dimensional application of the nursing process;
 4. for which the results are predictable and the potential risk is minimal; and
 5. which utilize a standard and unchanging procedure.

Right Circumstances	
Nursing Service Administrator (NSA)	Staff Nurse
Assess the health status of the client community, analyze the data and identify collective nursing care needs, priorities, and necessary resources.	Assess health status of individual client(s), analyze the data and identify client specific goals and nursing care needs.
Provide appropriate staffing and skill mix, identify clear lines of authority and reporting, and provide sufficient equipment and supplies to meet the collective nursing care needs.	Match the complexity of the activity with the UAP competency and with the level of supervision available.
Provide appropriate preparation in management techniques to deliver and delegate care.	Provide for appropriate monitoring and guiding for the combination of client, activity and personnel.

Right Person	
Nursing Service Administrator (NSA)	Staff Nurse
Establish organizational standards consistent with applicable law and rules which identify educational and training requirements and competency measurements of nurses and UAP.	Instruct and/or assess, verify and identify the UAP’s competency on an individual and client specific basis.
Incorporate competence standards into institutional policies; assess nurse and UAP performance; perform evaluations based upon standards; and take steps to remedy failure to meet standards, including reporting nurses who fail to meet standards to board of nursing.	Implement own professional development activities based on assessed needs; assess UAP performance; perform evaluations of UAP based upon standards; and take steps to remedy failure to meet standards.

Right Direction/Communication	
Nursing Service Administrator (NSA)	Staff Nurse
Communicate acceptable activities, UAP competencies and qualifications, and the supervision plan through a description of a nursing service delivery model, standards of care, role descriptions and policies/procedures.	Communicate delegation decision on a client specific and UAP-specific basis. The detail and method (oral and/or written) vary with the specific circumstances.
	Situation specific communication includes: <ul style="list-style-type: none">• specific data to be collected and method and timelines for reporting,• specific activities to be performed and any client specific instruction and limitation, and• the expected results or potential complications and time lines for communicating such information.

Right Supervision/Evaluation

Supervision may be provided by the delegating licensed nurse or by other licensed nurses designated by nursing service administrators or the delegating nurse. The supervising nurse must know the expected method of supervision (direct or indirect), the competencies and qualifications of UAP, the nature of the activities which have been delegated, and the stability/predictability of client condition.

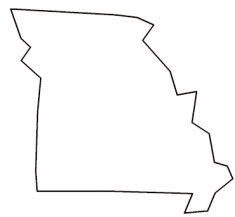
Nursing Service Administrator (NSA)	Staff Nurse
Assure adequate human resources, including sufficient time, to provide for sufficient supervision to assure that nursing care is adequate and meets the needs of the client.	Supervise performance of specific nursing activities or assign supervision to other licensed nurses.
Identify the licensed nurses responsible to provide supervision by position, title, role delineation.	Provide directions and clear expectations of how the activity is to be performed: <ul style="list-style-type: none">• monitor performance,• obtain and provide feedback,• intervene if necessary, and• ensure proper documentation.
Evaluate outcomes of client community and use information to develop quality assurance and to contribute to risk management plans.	Evaluate the entire delegation process: <ul style="list-style-type: none">• evaluate the client, and• evaluate the performance of the activity.

Practice Corner cont. from pg. 13

APN RECOGNITION SUMMARY
STATE OF MISSOURI
11/06/2003*

<u>CLINICAL NURSE SPECIALISTS</u>	448**
• Pediatric	027
• Perinatal	005
• Gerontological	031
• Community Health	006
• Maternal Child	005
• Advanced Oncology	025
• Medical-Surgical	173
• Adult Psychiatric/Mental Health	142
• Child-Adolescent Psychiatric/Mental Health	029
• Advanced Diabetes Management	001
• Adult Acute & Critical Care	004
<u>NURSE ANESTHETISTS</u>	1289**
<u>NURSE MIDWIVES</u>	093**
<u>NURSE PRACTITIONERS</u>	2625**
• Adult	410
• Advanced Oncology	002
• Family	1332
• School	0
• Neonatal	127
• Acute Care	040
• Pediatric	351
• Gerontological	094
• Family Psychiatric/Mental Health	004
• Women’s Health	250
• Adult Psychiatric/Mental Health	013
• Psychiatric Mental Health	002
<u>TOTAL NUMBER OF RECOGNITIONS</u>	4455

NOTE: Earliest recognition date was September, 1996
* Numbers of recognitions change monthly.
**Actual number of recognitions may be less: (a) if continued recognition require-
ments have not been met before ‘Document of Recognition’ expiration date, or (b)
due to individuals being recognized in more than one specialty area and/or role



Licensure Corner

Authored by Kathy Tucker
Licensing Supervisor

Missouri State Board of Nursing Licensure Committee Members:

Kay Thurston, ADN, RN, Chair
Teri A Murray, PhD, RN
Robin Vogt, PhD, RN, FNP-C
Charlotte York, LPN

2003-2005 Registered Nurse Renewals

The Missouri State Board of Nursing realizes that the past RN Renewal period was not problem-free which resulted in delays in processing renewal licenses. The following problem(s) may have contributed to the delay(s):

- Record number of RN renewals being returned in a shorter time frame for processing.
- Difficulty the Board and Cash Receiving office had in obtaining temporary staff to assist with the renewal process.
- New personnel unfamiliar with the renewal process.
- Rejected Renewals.

Renewals are actually processed by the Division of Professional Registration’s Cash Receiving Office. Since there was a record number of renewals received, the Division experienced difficulty of hiring temporary personnel, and renewals are processed in the order they are received, a backlog was created. The rejected renewals caused additional delays, as we cannot renew a license unless the renewal notice has been completed correctly. A fee must be deposited upon processing a renewal. This may have created some confusion for the licensee if their renewal was rejected. A rejection notice was sent to the licensee indicating the correction(s) needed.



Tucker

These problems have been addressed and we anticipate that renewals will be processed in a more timely and efficient manner in the future.

Plans are to implement online renewal in time for the 2005-2007 RN renewals. LPN online renewal will not be implemented until the 2006-2008 LPN renewal period.

LICENSE RENEWAL FOR DEPLOYED MILITARY PERSONNEL

State statute 41.950 states:

“1. Any resident of this state who is a member of the national guard or of any reserve component of the armed forces of the United States or who is a member of the United States Army, the United States Navy, the United States Air Force, the United States Marine Corps, the United States Coast Guard or an officer of the United States Public Health Service detailed by proper authority for duty with any branch of the United States armed forces described in this section and who is engaged in the performance of active duty in the military service of the United States in a military conflict in which reserve components have been called to active duty under the authority of 10 U.S.C. 672(d) or 10 U.S.C. 673b or any such subsequent call or order by the President or Congress for any period of 30 days or more shall be relieved from certain provisions of state law, as follows:

(4) Any person enrolled by the supreme court of Missouri or licensed, registered or certified under chapter 168, 256, 289, 317, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 375, 640 or 644, RSMo, whose license, registration or certification expires while performing such military service, may renew such license, registration or certification within 60 days of completing such military service without penalty;”

A nurse is licensed under chapter 335. If a nurse does

not renew his/her license due to deployment, the nurse may renew his/her license without penalty if the license is renewed within 60 days of completing military service. When the nurse returns from military service, we ask that the nurse provide evidence of their service (including dates) for verification that they meet this exemption.

MISSOURI NURSING PRACTICE ACT AVAILABLE ONLINE

You may view the Missouri Nursing Practice Act (NPA) on our web site at <http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing/>. Click on Nursing Practice Act.

A printed version of the Missouri NPA (including the Rules and Regulations) is also available upon request for the minimal fee of \$5 (to cover the cost of printing and mailing). To request a copy or copies, please complete the order form available on the above web site. Be sure to include your check or money order (made payable to MSBN) in the amount of \$5 per book.

COMMONLY ASKED LICENSURE QUESTIONS

Where do I call to verify a Certified Nurse Assistant (CNA) or Certified Medical Technician (CMT)?

Contact the Division of Aging at (573) 526-5686.

Where do I call to verify an Emergency Medical Technician (EMT)?

Contact the Bureau of Emergency Medical Services at (573) 751-6356.

What is the process for the Board to endorse my license to another state?

You must contact the state board of nursing where you want a license and request an application for licensure. Contact information for boards of nursing can be found at

Licensure Corner cont. on pg. 16

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http://www.ncsbn.org/public/regulation/boards_of_nursing_board.htm. At the time you apply for licensure in another state, that Board will give you a Nursys verification or you can download the form from <http://www.ncsbn.org/public/regulation/res/verification.pdf>. Complete your part of the form and send it to the address indicated on the form **with a \$30 money order**.

VERIFICATION OF A LICENSE

You can verify licenses on line at www.ecodev.state.mo.us/pr. Click on LICENSEE SEARCH. You can search by name or license number. The search results will display the licensee's name, city, state, license number, original license issue date and license expiration date.

If you have a list of nurse licenses that you would like verified, you can send the list to our office electronically. We will match the list with our database and send the results back you electronically. Your list needs to be an Excel document or a text file (tab or comma delimited). It should contain the nurse's name and license number. E-mail the list to nursing@mail.state.mo.us

In order to verify licensure, ask to see an original current Missouri license or temporary permit before the employee reports to orientation. A temporary permit will have a raised Board seal. A license will have the expiration date, profession and license number. The license number could be the profession code (RN or PN) followed by a 6-digit number or a 10-digit number, which consists of the year the license was issued followed by a 6-digit number. Example of a 6-digit license number could be RN060619. An example for the 10-digit license number is 2000134178. When requesting verification from our office, you must provide the complete license number, which

includes the year of license.

The name, address and licensure status of all currently licensed nurses is public information. If you have any questions, please call the Board office or use the web to verify credentials **before hiring**. Our office is staffed Monday through Friday, from 8 a.m. to 5 p.m., excluding state holidays. You may also reach our office by:

- Fax at (573) 751-6745 or (573) 751-0075
- Phone at (573) 751-0681
- e-mail at nursing@mail.state.mo.us
- On-Line Licensee Search at www.ecodev.state.mo.us/pr

Graduate Nurse Practice



THE RULE

State Regulation 4 CSR 200-4.020 (3) reads: "A graduate of a nursing program may practice as a graduate nurse until s/he has received the results of the first licensure examination taken by the nurse or until ninety (90) days after graduation, whichever first occurs."

Missouri does not issue a graduate temporary permit, however, if the individual qualifies s/he may practice as a graduate nurse under 4 CSR 200-4.020 (3).

The graduate must cease practice as soon as s/he fails the exam or 90 days after graduation, whichever is first.

We recommend that you have the graduate sign an *Authorization to Release Confidential Information* form

so we may provide you with periodic updates on the person's exam and licensure information. A sample authorization form is included with this article.

AFTER THE EXAMINATION

Graduates applying for an original license by exam in Missouri will be licensed automatically upon receipt of passing results provided all other licensure requirements are met. When results are received, the successful candidate will be sent the results and a "pass" letter authorizing the person to practice until the license is received.

There is a thirty (30)-day grace period for graduates who have successfully passed the first available licensing examination in another state following graduation to obtain a temporary permit or license in Missouri after the graduate has received his/her results. Graduates applying for endorsement to Missouri should begin the Missouri licensure process immediately following graduation. As soon as the graduate receives passing results, the graduate should forward a copy of the results to our office so we can issue a temporary permit. A temporary permit cannot be issued until another state has issued the applicant the authority to practice in that state.

ABOUT ORIENTATION

Orientation is considered to be employment. Any nurse in orientation must have either a valid Missouri temporary permit or current Missouri license. The only exception to this policy is if the nurse is practicing under an exemption as listed in Chapter 335.081 of the Missouri Nursing Practice Act or under State Regulation 4 CSR 200-4.020 (3).

PROPER SUPERVISION

According to 4 CSR 200-5.010 (1), proper supervision is defined as, "the general overseeing and the authorizing to direct in any given situation. This includes orientation, initial and ongoing direction, procedural guidance and periodic inspection and evaluation."

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

(Print Legibly in Black Ink)

I, _____, hereby authorize the MISSOURI STATE BOARD OF NURSING to release any and all information regarding my licensure and exam application status as a Licensed Practical Nurse/Registered Professional Nurse to my employer, _____, and/or their representatives.

This release authorizes the Missouri State Board of Nursing to release the following information: my name, address, nursing school name, graduation date, eligibility status, test appointment date, date exam was taken, whether or not I took the exam and my exam results.

A copy of this authorization will be considered as effective and valid as the original.

Date

Applicant's Signature

Applicant's Printed Name

Applicant's Social Security Number

Fax to the Missouri State Board of Nursing at (573) 751-6745

Coming in 2004 to a Location Near You!

Seminars presented by the Missouri State Board of Nursing Staff and Board Members

LEARN ABOUT NURSING REGULATIONS AND HOW THEY AFFECT YOU ACT NOW and SAVE! Student Group Rates Available! Earn Continuing Education Units <i>Sponsored by the Missouri League for Nursing</i>	<i>Legislative Requests and Working Relationships with Legislators</i> Nurse Licensure Compact, APRN, Pending Legislation, Influencing Legislation <i>Reporting and Investigating Complaints</i> Filing a Complaint, A Complaint Filed Against Me, Investigative Process <i>Overview of Discipline Process</i> Mandatory Reporting Rule—What It Is, Review Process, Discipline, and Case Studies <i>Overview of Education Authority</i> Approval Authority, Publishing Companies, Distance Learning <i>Overview of Licensure Process</i> Maintaining Licensure—Verifying License, Background Checks, Licensure Exam, Online Renewal <i>A Foundation for Safe Practice</i> Advanced Practice, Web Site Review, Request a Board Opinion, Employee/Employer Relationships <i>Dialogue with the Board</i> (panel will be available to answer questions) SPEAKERS: Lori Scheidt, BS , Executive Director; Quinn Lewis, BS , Investigations Administrator; Liz Cardwell, RN, MEd, LPC, LCSW , Discipline Administrator; Marilyn Nelson, RN, MA , Education Administrator; and Kathy Tucker , Licensing Supervisor, are all employees of the Missouri State Board of Nursing and will be speaking at each site. MSBN Board members will also present and will vary at each location. DATES AND LOCATIONS: February 12 Springfield , Clarion Hotel, 3333 S. Glenstone (enter through Conference Center) February 13 Kansas City , Saint Luke's Northland Hospital, Barry Medical Park Conference Center, Auditorium, next to hospital, 5844 N.W. Barry Rd, (take Exit #8 off I-29 and proceed east)		March 25 March 26 April 7 April 8	Kirksville , Days Inn, Hwy. 63 South Jefferson City , Capital Region Medical Center – Southwest Campus, Southwest Conference Rm. (enter through Cancer Center), 1432 Southwest Boulevard Cape Girardeau , Cape Girardeau Career & Technology Center, 1080 S. Silver Spring Rd., (Multipurpose Room-Rm. #110) take exit #95 off I-55 onto Hwy. 74, turn right at first stop light onto Mt. Auburn Rd., turn right on Silver Springs Rd. St. Louis (St. Peters), St. Charles Community College, Student Center, Rooms 205-206, 4601 Mid Rivers Mall Dr. (Take the Mid Rivers Mall Dr. exit off I-70, turn south, park in green lot)
	PURPOSE: To provide informational sessions regarding the functions and role of the Missouri State Board of Nursing (MSBN) and how these functions impact nurses in all types of nursing service settings. This workshop will also seek attendee input on how the Board can improve public protection through nursing regulation. OBJECTIVES: 1. Explain the regulatory functions of the MSBN and how to impact decisions made by the MSBN and legislators. 2. Compare and contrast the current licensure model and the nurse licensure compact. 3. Discuss the complaint/investigation process, license discipline causes, and the discipline process. 4. Define the mandatory reporting rule. 5. Discuss the Board's role in regulating nursing programs. 6. Develop a plan to verify licenses and different licensure methods. 7. Distinguish between the practice of LPNs, RNs, and APRNs. 8. Recognize the MSBN's role and authority in nursing practice issues. 9. Discuss public protection through nursing regulation. PROGRAM: 8:30 a.m. Registration, 9 a.m.—3:45 p.m. <i>Program</i> <i>Missouri State Board of Nursing and What They Do</i>		Registration Fees: (payable to Missouri League for Nursing) MLN Associate Member \$55 MLN Agency Member \$55 Non Member \$85 Program & 1 Year MLN Associate Membership \$95 Program & 1 Year MLN Agency Membership \$205 On Site Registration, Additional \$15 For School discounts please contact MLN For more information, contact the Missouri League for Nursing at (573) 635-5355 or visit their web site at www.monursing.org .	

Summary of Actions from September 2003 Board Meeting

<u>Education Matters</u> <u>Relocation</u> Saint Luke’s College of Nursing, BSN Program #17-505 – request to relocate was approved. <u>Student Enrollment Increases</u> William Jewell College, BSN Program #17-560 – request to increase student enrollment from 60 to 70 was approved. Jefferson College, PN Program #17-460 – request to increase enrollment from 60 to 75 one time only in fall 2003 was approved <i>The following items were reviewed and accepted:</i> Five Year Surveys – 6 ADN Annual Reports – 29 Progress Reports – 1 Fiscal Year Pass Rates	<u>Discipline Matters</u> The Board held eight disciplinary hearings and nine violation hearings. The Discipline Committee reviewed 141 RN cases, 74 PN cases, 34 Litigation items and 149 disciplined licensee-meeting reports. <u>Licensure Matters</u> The Licensure Committee reviewed 43 applications. Results of reviews as follows: Applications approved – 30 Applications approved with probated licenses – 6 Applications tabled – 3 Applications denied – 4
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Happy Holidays

*from the Missouri
State Board of Nursing*

A Compact Experience: Adoption, Implementation and Maintenance of The Nurse Licensure Interstate Compact *As Experienced by The Utah Board Of Nursing And The Utah Division Of Occupational And Professional Licensing*

Submitted By: Laura Poe, R.N., M.S.
Executive Administrator, Utah Board of Nursing
and Assistant Director, DOPL

January 1, 2000, was the beginning of a new century. The doomsayers were foretelling the beginning of the end, and the watchword was being Y2K ready. Optimists were celebrating a new beginning, a fresh new century.

Well, here we are nearing the end of 2003. We know the world did not end, and we all survived the Y2K conversion. It's time to side with the optimists and look toward the beginning of this new century. In nursing regulation, the new century looked into telehealth and multistate practice to identify an alternative mechanism for regulation that would address the issues of the new century. The mechanism identified was the Nurse Licensure Interstate Compact (Compact) for individuals licensed as RNs and LPNs in party states (those states that enact the Compact). January 1, 2000, was the first day the Compact became effective between two or more states.

BACKGROUND

A brief explanation of the political, regulatory and healthcare culture in the state of Utah is necessary to appreciate how the Compact was passed. For those of you keeping score, Utah was the first state to adopt the Compact in 1998. The Compact language enacted was from the model language adopted by the delegates at the December 1997 special session of the National Council of State Boards of Nursing (NCSBN).

In 1998, the Board of Directors of the NCSBN made a non-significant change to the model compact language. Hence, in 1999, the Compact language in Utah's law was amended to reflect the model language. Equally important, Arkansas, Maryland, Texas and North Carolina had also passed legislation to enact the Compact.

The effective date for the Compact was specifically set for January 1, 2000, to provide time for the States to implement changes to our databases, and also time for NCSBN to develop the NURSYS system. As states have come onto the Compact, they have chosen an implementation date, separate from the date the law actually passes, which provides time to deal with implementation issues.

The political climate in Utah is very conservative. Mark Russell once came to town, and one of his opening lines was something to the effect of "Oh Utah, where Republicans are Republicans, and the Democrats are too." Citizens are encouraged to do for themselves, and the goal is as little government as possible. Legislators saw the Compact as a method of regulation that opened up state borders while still maintaining states' rights and control. It allows states to work together and communicate together on discipline cases, a situation which is actually inhibited under the single-state system. The Compact was also seen as a reduction of unnecessary and duplicative regulation. Legislators were very supportive of the idea that individuals who were working in multiple states did not have to go through the same review process time after time.

The Utah Board of Nursing is an 11-member advisory board to the Division of Occupational and Professional Licensing (DOPL). As such, the members do not have any policy authority. However, it is rare for the Division to ignore or reverse a recommendation of one of its advisory boards.

DOPL is an umbrella agency within the Utah Department of Commerce, which oversees the regulation of approximately 55 different professions from nurses and physicians to plumbers and engineers. The Board of Nursing does not have its own budget or resources. Although there is a board secretary assigned to the Board, she is also assigned to two other licensing boards including the Physicians Licensing Board. Even though the Nurse Practice Act requires an Executive Administrator for the Nursing Board who is a master's prepared

nurse, that person also has other administrative responsibilities.

DOPL is divided between two functions: licensing and investigations. All complaints and investigations are processed and handled by the Chief Investigator. DOPL has several Assistant Attorneys General assigned to represent the agency, with one given the specific task of addressing all the nursing cases.

Once the members of the Board of Nursing recommended to DOPL that legislation be sought to enact the Compact, DOPL had to initiate an internal review to determine if the processes that would need to be implemented could be done within an umbrella agency. We determined that the changes could be done within existing budgets. We got buy off from the Division Director and Department Director. This support and buy off is important during the implementation phase because sometimes the "worker bees" had to be reminded by the Department Director that this was a priority issue and a legislative mandate and not just one of those nursing issues.

The budget issue is actually one of the positives of being in an umbrella agency. Since the Nursing Board has no budget, I can honestly say the Compact has had no effect on the Board's budget. All number crunching aside, the cost of implementing the Compact has been neutral.

The number of individuals working and living in border states and Utah have equaled out. When Idaho joined the Compact, we found that 150 nurses were working in Utah, but living in Idaho. But that was okay because, 150 nurses were working in Idaho and living in Utah. We simply swapped people but not numbers and so not revenue.

All states that utilize NURSYS are finding additional savings with the reduction in time to complete license verifications. As the data in NURSYS continues to become complete, states need less time to complete verifications. (Remember the data comes from the states, so we only have each other and our own data systems to blame for incomplete data.) One state reported being able to reassign a staff member from verifications to investigations within a few months of implementing the Compact. We too, have reassigned staff from completing verifications to processing criminal background checks. This realignment of personnel was made possible as a result of our participation in the Compact and NURSYS.

The healthcare culture in Utah is greatly impacted by the geography of the state. Although there are nearly two million people living in the State, over one half of them live within an approximate one hundred and fifty mile radius called the Wasatch Front. The remainder lives in rural and frontier areas. Therefore, rural health is one of the predominant issues discussed on Capital Hill.

Also, the University of Utah Medical School in collaboration with the Utah Department of Health was one of the first medical centers to implement a rural telehealth project in various locations throughout the state and Wendover, Nevada. The Nevada location brought DOPL our first exposure to multistate practice and licensure issues. All providers who worked in the telehealth project were required to be dual licensed in Utah and Nevada—an additional cost and burden the providers frequently voiced.

An additional piece of healthcare background involves the funding/providers of healthcare in Utah. Intermountain Healthcare (IHC) is a non-profit organization that includes third-party health benefit programs, provider clinics and acute care facilities with extended care beds. Within the hospital arena, IHC owns approximately 70 percent of the facilities within the state. Hence, once IHC bought into the concept of the Compact, getting the support of the other hospitals was much easier.

Also, at the time the legislation was being proposed, IHC was operating an "Ask-A-Nurse" telephone triage service. The corporation wanted to expand into Idaho and

Wyoming and realized the benefit the Compact would have to them as a business and to their nurses as employees. They also realized the liability of expanding, or of their current bedside nurses talking to patients in other states to nurses who are only licensed in this state.

One final piece of background information that helps explain why Utah was one of the first states to join the Compact is that Utah is a right-to-work state. A person may be fired for any reason. Although we have unions, they are only strong in the traditional trade occupations such as electricians, plumbers and truck drivers. Teachers and healthcare workers are not unionized. Therefore, the issue of strike breaking was not even raised. Had it been, we were prepared to respond, as it would be affected in a right-to-work state.

There is nothing in the Compact that addresses strike breaking, either positive or negative. The Compact does not affect strikes or strike breaking. Taken to the greatest extreme, the only "affect" from the Compact would be that if a strike was declared in State A, which is a Compact state, nurses from State B (also a Compact State) can be recruited by the employer of State A to utilize their multistate privilege to cross the picket line and provide healthcare to the citizens of State A.

The Compact does not change any of the federal or state labor laws, neither does it encourage nurses to get involved in any strike breaking activities. As a right-to-work state, striking and picket lines are unfamiliar territory, but federal law provides several mandates for healthcare providers who intend to strike. The most important is a 10-day notice before the strike can take place. Given this rule, I do not know any state nursing board under the single-state license system that cannot issue any number of temporary license permits necessary to provide adequate nursing care to the citizens of that state. That is, after all, the role of a board of nursing to protect the public, and during a strike, protecting the public includes ensuring the public receives appropriate and necessary care. The only difference once a state becomes a Compact state is that nurses who chose to cross a picket line and practice on a multistate privilege would not need to go through the temporary license process. The flip side for the union representatives for their nurse members is the Compact allows their members more flexibility and mobility.

GETTING STARTED

Why spend so much time on the background in Utah? Because we were uniquely positioned to move forward at the time we did. In the mid-1990s while NCSBN's taskforces were discussing multistate practice and telehealth, the Utah Nursing Board was having the same conversations on a local level. As the concept of an interstate compact was being developed, the concept was being sold to the Utah Nurses Association, Nurse Leadership Forum and various leaders of healthcare facilities including IHC. DOPL had verbal votes of support from all these groups before the NCSBN Delegate Assembly had even approved the model language.

Once the Delegate Assembly approved the language, a bill was drafted by Utah Legislative Research staff and presented to the stakeholders for their review. Because of the newness of the idea and the fact that the players had already indicated their support, the actual language did not receive much scrutiny. During one Legislative hearing, a senator indicated that if experts from around the country had developed the language, how could they possibly improve upon it.

So the secret to getting started and starting over is educating and educating. Members of the Nursing Board and DOPL staff had identified key players to educate on the issues of multistate practice and access to healthcare. We kept our

Experience cont. from pg. 19

message simple and succinct and always concluded with how multistate regulation via the Compact would resolve the issue. Find issues that nurses and legislators can identify with such as mobility and access to consistent, knowledgeable healthcare. Telenursing call centers and patient triage are frequent issues raised to support the Compact.

For example, as a state with three major regional medical centers, Utah stressed the need for discharged patients to be able to contact the medical center and nursing personnel and ask a question regarding his/her health (access to care). In all the surrounding states, they would require the nurse to be licensed in the state where the patient was located to talk to the patient. Otherwise, the nurse would be practicing nursing without a license, a third degree felony. But who better to call, a nurse in the burn unit with 10 years experience who cared for the patient, or a nurse in the local ER who has never cared for a burn patient? Again, pick several key issues and educate, educate, educate.

Find as many supporters as possible and expand your horizons. Having chosen access to healthcare as our main theme, the Utah chapter of the AARP became interested in this “Compact thing.” Hospital Associations and Associations of Nurse Executives have also been great supporters of the Compact. In some states, the Hospital Association has been the lobbying force behind the Compact legislation.

Obviously, nurses are another great source of support. The State Nurses Association may not support the Compact, but other state nurse specialty associations have, and many nurses who hear about the Compact are very supportive and these nurses may or may not belong to an association. Gather letters of support and e-mails to legislators from real nurses, those in the trenches who will be affected by the Compact and who support the Compact.

IMPLEMENTATION

As I indicated earlier, the most important issue to getting ready is educating. Ironically, education is the major issue during implementation. At that time, board staff personnel must learn the concepts of the Compact and various licensure scenarios to be able to assist customers. Nurse

employers/administrators have a new opportunity to recruit nurse employees, but have a responsibility to check for licensure and/or interstate practice problems.

Never turn down an opportunity to talk or write about the Compact, and never assume that everyone has heard of it by now. After three and one-half years of implementation, I’m still surprised at the number of nurses who do not know what it means to have “Registered Nurse under Interstate Compact” written on a license. Educate, educate, and then educate.

The other major implementation issue is making changes in the state’s licensing database to address the Compact. To ensure that employers know which licensees hold a single-state license, the policies and procedures developed by the Nurse Licensure Compact Administrators (NLCA) require all single-state licenses to be marked “valid in X only.” Compact states can choose whether or not to mark a Compact license. The implementation of the Compact basically creates two new categories of licensure that must be tracked by the database.

The database must also allow for the movement of a licensee between the two categories. For example, a nurse who becomes subject to a three-year probation would have the Compact license revoked, and a “valid in X state only” license would be issued during the period of probation. If the nurse successfully completes probation, then the “valid in X state only” license can be cancelled, and the Compact license can be reinstated. The state’s database will need to be able to address these issues and provide an accurate history. Also, the data will need to be migrated to the NURSUS database for nation-wide sharing. The need here is to ensure that the state’s data is accurate and as complete as possible.

EVALUATION

Eighteen states have enacted the Compact, and several others have plans to move forward with legislation in the next one to three years. Overall, the states report that the implementation has gone well. The costs have been budget neutral to lower than expected. Other states have also noticed an equal exchange of licensees between states. Greatly exaggerated, no mortality rate rose in any Compact state attributed to implementation of the Compact.

Seriously, discipline was the issue of greatest concern. Many were/are afraid that bad players will use the Compact to flee

from state to state. To date, we haven’t seen this. There have been very few multistate discipline cases. When those cases arise, because the Compact language allows states to share significant investigative information, the cases are resolved quickly, with one and sometimes two states taking action. The Executive Officers of the states involved decide, based on the specifics of the case, which state is best to gather what information, and which state should adjudicate the case. The concern that multistate cases would be ignored has been unfounded. In reality the opposite generally occurs in that a case involving more than one state becomes a priority. Addressing discipline within and between Compact states has been effective. Those states that are waiting to join the Compact until “that discipline issue gets worked out” do not need to wait any longer.

SUMMARY

January 1, 2000, brought a new century and a new alternative mechanism for licensing RNs and LPNs. This mechanism is the Nurse Licensure Interstate Compact that addresses nursing practice via telehealth and in multiple states. Traditionally, we think of telehealth as a telephone triage center, but telehealth includes a bedside nurse talking to a patient in another state who was discharged earlier in the day. The Compact is needed to allow nurses to provide consistent access to care for patients.

Education is the key to passing legislation to enact the Compact. Gain support from as many groups as possible and look for a variety of support such as AARP and the State Hospital Association. Education is also imperative during the implementation stage. Board staff will have to learn a new thought and work process to explain how a person becomes licensed under the Compact. The state’s database will need to be adapted to recognize Compact and “valid in X state only” licenses.

The Compact allows party states to effectively address disciplinary cases, within and between states. The issues and concerns that have been expressed in the past have been addressed. The implementation, evaluation, and experience of those who have enacted the Compact, are positive, cost effective, and enhance public safety. The time is now for Boards of Nursing to move into the new century of nursing regulation, the Nurse Licensure Interstate Compact.

Nurse Regulators Meet For Annual Meeting and 25th Anniversary

August 12, 2003

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met August 5-8, in Alexandria, Virginia, to consider key organizational business. Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing, presided at the meeting in which 55 of the 61 member boards participated.

Significant actions included:

- Election of new NCSBN area directors and directors-at-large.
- Revision of some portions of NCSBN Bylaws.
- Authorization for the Board of Directors to consider extending the time limit for candidates sitting for the NCLEX-RN examination.
- Adoption of the new NCLEX-RN test plan.
- Creation of a new NCSBN mission statement. The mission statement was last revised in 1997.

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- Review of NCSBN plan to offer NCLEX examina-

tions abroad for domestic licensure. This initiative will not occur prior to 2005. No countries have been selected yet, and multiple criteria will be used to assess the best options.

- Resolution to create a position paper on regulation of nursing assistive personnel, to be heard at the 2004 Delegate Assembly. This will include a model act and rule/regulation language.

Donna Dorsey stated that NCSBN’s 25th meeting was a huge success. “I am proud of the work of our member boards, both during the meeting and in their individual jurisdictions,” Dorsey said.

NCSBN also formally celebrated its 25th anniversary at the Women in Military Service Memorial, located in Arlington, Virginia. Four member boards celebrated their 100th anniversary of nursing regulation in their jurisdictions. The state and territorial nurse regulators meet next in Kansas City, Missouri, August 3-6, 2004.

Mission: The National Council of State Boards of Nursing (NCSBN), composed of Member Boards, provides leadership to advance regulatory excellence for public protection.

NCSBN Elects New Board Of Directors At Annual Meeting

August 12, 2003
Chicago, IL. The National Council of State Boards of Nursing (NCSBN) elected new members to its Board of Directors during its 2003 Delegate Assembly. Members representing 55 boards of nursing elected four area directors for a two-year term and two directors-at-large for one-year terms. Those elected include:
Area Directors
I. **Greg Harris, JD**, board member, Arizona State Board of Nursing and attorney with the firm of Lewis and Roca LLP. Mr. Harris served as director-at-large for the NCSBN board during the last year, as a member of the NCSBN Bylaws Committee and volunteered to help coordinate the 2002 and 2003 NCSBN Investigator Summit. He served as an assistant attorney general representing the Arizona Board of Nursing, and the Arizona Department of Insurance as an administrative law judge, as well as the department’s executive assistant director.
II. **Mary Blubaugh, MSN, RN**, executive director, Kansas State Board of Nursing. Ms. Blubaugh has most recently served on the Practice, Regulation and Education Committee for NCSBN. She also serves on the Kansas Organization of Nurse Leaders, Kansas Society of Public Managers and Kansas Nursing Workforce Partnership.
III. **Mark W. Majek, MA, PHR**, Director of Operations, Texas Board of Nurse Examiners. Mr.

Majek was re-elected to this position. He formerly served on the NCSBN Nursys Advisory Panel, Phase II User Group for Nursys, and the Information System Users Group. He also serves on the Texas State Human Resource Association and was past chair. Additionally, he is active in the Small State Agency Task Force, and was also past chair and in the Texas State Business Administrators Association.
IV. **Myra A. Broadway, JD, MS, RN**, Executive Director, Maine State Board of Nursing. Ms. Broadway has been active in NCSBN’s Commitment to Ongoing Regulatory Excellence project and served as a Director-at-Large from 2000-2002, where she was Board Liaison to Commitment to Excellence, Model Rules Subcommittee, and the Bylaws Committee Liaison. Ms. Broadway is active in the United States Air Force Reserves.
Directors-at-Large
Polly Johnson, RN, MSN, executive director, North Carolina Board of Nursing. Ms. Johnson has held various committee appointments at NCSBN, including the Commitment to Excellence Project. She also is a member of the Nurse Licensure Compact Administrators (NLCA). She has also served on her county’s Advisory Committee for Assisted Living Facilities, the North Carolina Center for Nursing Advisory Council and as a member of the North Carolina Association of Nurse Leaders. Ms. Johnson serves on the Institute of Medicine’s (IOM) Committee on Health

Profession Education. She is also active with the Citizen Advocacy Center (CAC) and their Practitioner Remediation and Enhancement Partnership (PREP) Project.
Marjesta Jones, LPN, board member, Alabama Board of Nursing. Ms. Jones is currently a staff nurse at Vaughn Regional Medical Center and a school nurse in the Selma City Schools. She also belongs to the Alabama School Nurses Association, Alabama Federation of LPN’s Incorporated (as Director) and the Alabama and National Education Associations.
Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing said, “These new board members represent a wealth of nurse regulatory experience and will bring much to NCSBN.”
In addition, NCSBN members elected two of their four nominating positions during the Delegate Assembly. Those chosen to serve include Karla Bitz, MMGT, RN, North Dakota Board of Nursing and Shirlie Meyer, RN, Idaho Board of Nursing. NCSBN will elect new officers, and two members to serve on the Nominating Committee in 2004, along with the annual director-at-large elections, August 3-6, in Kansas City, Missouri.

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Award Ceremony Honors Exceptional Nurse Regulators and 100 Years Of Nursing Regulation

August 12, 2003
Chicago, IL. The National Council of State Boards of Nursing (NCSBN) recognized its exceptional membership and special guests at its annual awards luncheon during the 2003 NCSBN Delegate Assembly. Over 300 guests were in attendance for this celebration honoring NCSBN members and the first four boards of nursing celebrating their 100th anniversary, that included North Carolina, Virginia, New York and New Jersey.
NCSBN celebrated its 25th anniversary during 2003, and honored the American Nurses Association (ANA) and Barbara Nichols, Chief Executive Officer of the Commission on Graduates of Foreign Nursing Schools (CGFNS) and ANA President in NCSBN’s founding year of 1978. NCSBN separated from the ANA in 1978 to create an independent and autonomous organization for nursing regulators whose missions are to protect the public.
Donna Dorsey, NCSBN President and Executive Director of the Maryland Board of Nursing remarked, “This celebration is a favorite of mine at NCSBN annual meetings. It was made extra special by our achievement of

the 25-year milestone, four centennial boards and the many special honorees this year.”
Specific award recipients included:
Sharon M. Weisenbeck, MS, RN, Executive Director, Kentucky Board of Nursing
The R. Louise McManus Award is the most prestigious of NCSBN’s awards. Individuals nominated for this award have made sustained and significant contributions through the highest commitment and dedication to the purposes of NCSBN.
North Carolina Board of Nursing
This Regulatory Achievement Award recognizes the member board that has made an identifiable and significant contribution to the purposes of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare.
Cookie Bible, BSN, RNC, APN, Board Member, Nevada State Board of Nursing
The Exceptional Leadership Award is granted to an individual who has served as president of a member board and has made significant contributions to NCSBN in that role.

Sandra MacKenzie, RN, Assistant Director for Licensure, Minnesota Board of Nursing
The Exceptional Contribution Award is granted for significant contribution by a board of nursing staff member who does not serve as an executive officer or a board member who is not the current board president.
In addition, service awards were given to the following executive officers of boards of nursing:
Lorinda Inman, Iowa, 20 years of service
Faith Fields, Arkansas, 15 years of service
Charlene Kelley, Nebraska, 15 years of service
Polly Johnson, North Carolina, 15 years of service
The 2004 awards ceremony for NCSBN will take place at its annual meeting. This event will be held in Kansas City, Missouri, August 3-6.

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Message from Division Director

Authored by Marilyn Taylor Williams
Division Director



Williams

It is no secret that the State is in a financial crisis. Governor Holden has worked diligently to see that essential state services are funded for children and our most vulnerable citizens. The good news, however, is that the Governor's budget included a pay increase of \$600 for all state workers making \$40,000 or less. This increase was effective July 1. The Division of Professional Registration is fortunate to be funded through professional licensing fees that are deposited into dedicated funds. The Division, therefore, does not have to rely on general revenue funds for its operation. The Legislature passed a retirement incentive package which affects re-hiring of personnel in any position vacated because of this incentive. According to state statute, an agency can fill only 1 out of 4 vacancies caused by this retirement incentive. House Bill 600, which was signed into law with an

emergency clause making this legislation effective July 1, 2003, affects all licensees within the Division of Professional Registration. Effective July 1, 2003, all persons and business entities applying for or renewing a professional license with the Division of Professional Registration are required to have paid all Missouri income taxes, and also are required to have filed all necessary state income tax returns for the preceding three years. If licensees have failed to pay their taxes or have failed to file their tax returns, their licenses will be subject to immediate revocation within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. This requirement was enacted in House Bill 600 of the 92nd General Assembly (2003), and was signed into law on July 1st by the Governor. My Administrative Staff and the Division's Management Information System staff are working with the Department of Revenue and the Attorney General's Office to establish the necessary procedures for implementing this bill. Administrative Staff along with the Division's Management Information System staff have been working toward making on-line renewal a reality. We have awarded the credit card contract and are hoping to start pilot boards renewing on-line in the very near future.

Nurses Have The Opportunity To Help Develop The NCLEX Examination

The National Council of State Boards of Nursing (NCSBN) encourages all nurses to apply to the NCLEX® Item Development Program. The program gives qualified nurses the opportunity to become involved in the development of the NCLEX-RN® and NCLEX-PN® examinations.

Item development sessions are held throughout the year and include the item writing and item review panels. Item writing panelists are responsible for creating new test items that may later appear on one of the exams. Item review panelists examine both newly created and older items to help decide if the items are current and relevant to entry-level nursing practice.

All item development panels are held in Chicago, Illinois, and generally last 4 consecutive days. Panelists stay downtown in a deluxe hotel surrounded by the shop-

ping and theater districts. Most travel, lodging, and food expenses are covered and new panelists receive continuing education credits for their participation.

Serving on an NCLEX® item writing or review panel is an excellent opportunity to network with nurses from across the country, contribute to continuing excellence in nursing practice, and build new skills that are useful for professional growth. Past panelists have said the experience was a great opportunity to improve skills and knowledge and to network with colleagues at the same time.

For more information about the NCLEX® item development program or to receive an application for the item development panels please call the NCSBN item development hotline at 312-525-3775 or visit our Web site at www.ncsbn.org.

NCSBN Adopts NCLEX-RN® Test Plan Effective April 2004

Chicago, IL. The National Council of State Boards of Nursing (NCSBN) met August 5-8, in Alexandria, Virginia, to adopt changes to the NCLEX®-RN Test Plan. This plan is used to construct each administration of the NCLEX-RN® examination, and is reviewed by NCSBN's Examination Committee on a triennial basis and presented to the Delegate Assembly for adoption.

Changes in the test plan were determined by the committee, after reviewing the Report of Findings from the 2002 RN Practice Analysis: Linking the NCLEX-RN® Examination to Practice (Smith & Crawford, 2003). The committee recommended changes in the structure and content distribution for the NCLEX-RN® Test Plan, and incorporated enhancements to improve readability and clarity to the NCLEX-RN® Test Plan document. Empirical evidence from job incumbents, professional judgment of the committee, NCSBN legal counsel review and feedback from the 61 member boards as well as other stakeholders support the 2004 NCLEX-RN® Test Plan recommendations.

The revisions to the test plan will be effective beginning April 2004. Test plans will be available for purchase from NCSBN and may be accessed for no charge from the NCSBN web site in fall of 2003 at www.ncsbn.org.

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ITEM WRITERS

Item writers create the multiple-choice questions, or items, used for the NCLEX, examination. To qualify, you must be:

- 1) Currently licensed in the jurisdiction where you practice.
- 2) A registered nurse (RN) with a master's or higher degree (for NCLEX-RN, exam) or a licensed practical/vocational nurse (LPN/VN) or RN (for NCLEX-PN, exam.)
- 3) Responsible for teaching basic/undergraduate students in the clinical area OR currently employed in clinical nursing practice AND working directly with nurses who have entered practice within the last 12 months.

LPN/VNs who plan to take the NCLEX-RN examination within two years of service with NCSBN do not qualify for participation.

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DISCIPLINARY ACTIONS**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

***Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number.*

INITIAL PROBATIONARY LICENSE

Listed below are individuals who were issued an initial probationary license by the Board during the previous quarter with reference to the provisions of the Nursing Practice Act that were violated and a brief description of their conduct.

Name	License Number	Violation	Effective Date of Censured License
Dana Lynn Murphy Clarkton, MO	PN 2003019958	Section 335.006.1 and .2 (2), RSMo 2000 On 10/16/01, Licensee pled guilty to one count of unlawful use of drug paraphernalia.	Restricted License 8/13/2003 to 6/10/2005
Charolyn Denise Warren Lilbourn, MO	PN 041156	Section 335.066.1 and .2 (1) and (14), RSMo 2000 Licensee possessed and consumed cocaine and alcohol on an ongoing basis, resulting in her addiction to these substances.	Restricted License 7/29/2003 to 7/29/2006
Monique Chariese West Kansas City, MO	PN 2003016563	Section 335.066.1 and .2 (2), RSMo 2000 On 3/13/00, Licensee pled guilty to possession of a controlled substance with the intent to distribute.	Restricted License 7/10/2003 to 7/10/2005

CENSURED LIST

Name	License Number	Violation	Effective Date of Censured License
Trudy G Allgeyer Kansas City, MO	PN 051024	Section 335.066.2 (5) and (12), RSMo 2000 On 8/10/01, after giving a resident a bath, Licensee and another employee failed to utilize a Hoyer lift which was required and subsequently dropped the resident, resulting in resident injury. Licensee did not immediately report the incident to the nurse on duty and did not complete an incident report.	Censure 8/12/2003
Cynthia Belt Drexel, MO	RN 140196	Section 335.066.2 (5), (6), and (12), RSMo 2000 Licensee practiced nursing from 5/1/01 through 10/25/02 on a lapsed license.	Censure 6/25/2003
Michelle D Bozarth Lawson, MO	RN 100400	Section 335.066.2 (5) and (12), RSMo 2000 On 10/26/01, a resident fell and fractured her shoulder. On 11/23/01, documentation shows that the bone in the resident's shoulder broke through the skin. On 11/23/01, Licensee documented that she felt the bone had come through the skin, but failed to notify the resident's physician.	Censure 7/23/2003
Kresha D Crosson Springfield, MO	RN 151780	Section 335.066.2 (5), (6), and (12), RSMo 2000 From 5/1/01 through 11/5/02, Licensee worked as a registered professional nurse on a lapsed license.	Censure 7/15/2003
Deborah Ann Duckett Florissant, MO	RN 095094	Section 335.066.2 (6), RSMo 2000 From 10/1/00 through 6/10/02, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 8/20/2003
Nancy C Durr Richmond, MO	RN 153786	Section 335.066.2 (5) and (12), RSMo 2000 On 11/24/01, Licensee failed to notify the resident's physician regarding the change of the resident's condition.	Censure 8/7/2003
Shelly G Easton Moberly, MO	RN 137215	Section 335.066.2 (5), (6), and (12), RSMo 2000 From 5/1/01 through 5/6/02, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 7/9/2003
Kimberly D Engler Robertsville, MO	PN 047306	Section 335.066.2 (2), RSMo 2000 From 10/18/00 through 1/11/01, Licensee submitted 33 timecards with a forged supervisor's signature for work performed. On 11/13/01, Licensee pled guilty to a Class C felony of stealing \$750 or more by deceit.	Censure 6/21/2003
Kathleen Haldiman Grain Valley, MO	PN 041193	Section 335.066.2 (5), (6), and (12), RSMo 2000 On 7/14/02, Licensee administered Morphine via IV push to a resident. The circumstances were not life threatening and did not necessitate the administration via I.V. push.	Censure 7/4/2003
Mary Ann Harshman Springfield, MO	RN 156036	Section 335.066.2 (5), (6), and (12), RSMo 2000 Licensee practiced nursing from 5/1/01 through 11/6/02 on a lapsed license.	Censure 6/21/2003
Sandra G Herzog Chesterfield, MO	RN 149416	Section 335.066.2 (5) and (12), RSMo 2000 On 7/15/02, Licensee failed to follow established procedures in drawing blood on three separate donors.	Censure 6/25/2003
Connie S James Fenton, MO	RN 086361	Section 335.066.2 (5) and (12), RSMo 2000 On 9/6/02, after reviewing blood test results for a patient, Licensee notified the patient's family that the results were indicative of leukemia. Licensee did not consult with or receive authorization from the patient's physician prior to informing the patient's family member of the diagnosis.	Censure 8/23/2003
Lori J Milburn Union, MO	PN 058328	Section 335.066.2 (5) and (12), RSMo 2000 On 9/6/02, Licensee left a skilled nursing facility at approximately midnight without notifying anyone. During Licensee's absence there was no other nurse on staff at the time.	Censure 8/13/2003
Cynthia D Myers Chillicothe, MO	RN 123760	Section 335.066.2 (5) and (12), RSMo 2000 On 4/15/01, while serving as the Director of Nursing and the RN on-call, Licensee, after receiving a report from the LPN on duty that a resident was not registering a blood pressure, failed to advise the LPN to call the resident's physician, the hospital or ambulance and failed to advise that CPR be administered.	Censure 7/25/2003
Sharon L Placatka Saint Peters, MO	RN 052270	Section 335.066.2 (5), (6), and (12), RSMo 2000 From 5/1/01 to 11/8/02, Licensee practiced as a registered professional nurse on a lapsed license.	Censure 7/21/2003
Mary M Redman Ballwin, MO	RN 062410	Section 335.066.2 (6), RSMo 2000 From 3/98 through 6/28/02, Licensee practiced as an advanced practice nurse without recognition from the Missouri State Board of Nursing.	Censure 7/15/2003
Jennifer D Schlorff St. Joseph, MO	PN 034682	Section 335.066.2 (5) and (12), RSMo 2000 Licensee fraudulently documented that she had assessed a resident's wound and changed the dressing.	Censure 7/23/2003
Tony M Schneider Saint Louis, MO	PN 058121	Section 335.066.2 (5) and (12), RSMo 2000 On 9/5/02, Licensee falsely documented on the M.A.R. that another nurse had administered 12 a.m. medications to a patient.	Censure 7/23/2003
Bertha A Stallard Gower, MO	RN 143405	Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to notify the resident's physician regarding the changed condition of the resident.	Censure 8/19/2003
Deborah A Standridge Lonedell, MO	PN 042706	Section 335.066.2 (5), (6), and (12), RSMo 2000 From 6/1/90 through 7/8/02, Licensee practiced as a licensed practical nurse and administered intravenous fluid treatments (I.V. treatment) to patients without being I.V. certified in Missouri.	Censure 8/30/2003

PROBATION LIST

Name	License Number	Violation	Effective Date of Probation
Roger Wayne Boyer Seneca, MO	RN 2001000766	Section 335.066.2 (5) and (12), RSMo 2000 On 1/31/02, Licensee failed to administer an I.V. as ordered but documented its administration. Licensee failed and/or delayed the notification of the patient's physician regarding serious blood pressure changes.	Probation 8/20/2003 to 8/20/2005
Jane E Braker Jasper, MO	RN 100786	Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to follow physician orders, accurately chart the administration of medications, or accurately chart physician orders and patient assessments.	Probation 7/29/2003 to 7/29/2004
Mellanie T Crum Kennett, MO	PN 052429	Section 335.066.2 (2), RSMo 2000 - On 7/11/01, Licensee pled guilty to the class C felony of forgery.	Probation 7/8/2003 to 7/8/2004
Nikie Marie Dover Rolla, MO	PN 2000168004	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 10/9/01, Licensee pled guilty to two counts of fraudulently attempting to obtain a controlled substance.	Probation 7/21/2003 to 7/21/2006
Roberta L Galate Overland Park, KS	PN 046281	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 1/7/02, Licensee's employment was terminated due to misappropriation of Vicodin. On 5/23/02, Licensee's employment was terminated from another facility due to misappropriation and falsification of a doctor's order.	Probation 6/21/2003 to 6/21/2008
Rhonda L Glidewell Saint Louis, MO	PN 044239	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Vicodin on numerous occasions from her employer for her personal consumption.	Probation 7/25/2003 to 7/25/2006
Katherine L Hajjar Kansas City, MO	PN 041513	Section 335.066.2 (5), (6), and (12), RSMo 2000 From 6/1/98 through 11/5/02, Licensee practiced as a licensed practical nurse on a lapsed license.	Probation 8/30/2003 to 8/30/2005
Susan R Hawksley St Charles, MO	RN 101203	Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to accurately chart immunization information on 13 patients.	Probation 7/29/2003 to 7/29/2005
Aprelle Danyelle Holbrook Maryland Heights, MO	PN 2000154219	Section 335.066.2 (5) and (12), RSMo 2000 On 7/20/01 at 4 p.m., Licensee, while on duty, left the Hospital without notifying anyone; Licensee also took the keys to the medication cart and failed to lock the cart. Attempts to page the Licensee went unanswered.	Probation 8/29/2003 to 8/29/2004
Barbara L Hughes Festus, MO	PN 044698	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 In 4/01, Licensee obtained Valium from a friend, which she took on an ongoing basis. On 4/30/01, Licensee submitted to a urine drug screen which the results were positive for Oxazepam and Nordiazepam.	Probation 8/20/2003 to 8/20/2006
Toni Sue Miller Independence, MO	PN 2001020751	Section 335.066.2 (2), (5), and (12), RSMo 2000 On 8/26/02, Licensee pled guilty to a class D felony-fraudulent use of a credit device.	Probation 7/25/2003 to 7/25/2006
Leigh A Myerchin Nixa, MO	PN 052292	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 3/22-27/02, Licensee consumed a coworker's Vicodin and Percocet. On 3/27/02, while on duty, Licensee submitted to a drug screen which tested positive for opiates.	Probation 7/24/2003 to 7/24/2004
Janet E Pinkard Lenexa, KS	RN 069884	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 On 7/8/02, Licensee knowingly possessed and consumed medication containing amphetamines and her son's prescription Adderall. Licensee submitted to a urine drug screen which was positive for the presence of amphetamines.	Probation 8/15/2003 to 8/15/2005
Samantha K Ridgway Sturgeon, MO	PN 054363	Section 335.066.2 (2), (5), and (12), RSMo 2000 Licensee misappropriated Paxil, Rocephin, Cefazolion, and Vitamin K from the employing facility. On 3/19/01, Licensee pled guilty to misdemeanor stealing.	Probation 7/11/2003 to 7/11/2004
Brian K Smith McAlester, OK	RN 138423	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee misappropriated Fentanyl and Versed for his personal consumption, which he consumed while on duty.	Probation 8/22/2003 to 8/22/2007
Thomas D Tosspon Springfield, MO	PN 042736	Section 335.066.2 (1), (5), (12), and (14), RSMo 2000 Licensee misappropriated Demerol on more than once occasion for his personal use and consumption.	Probation 7/4/2003 to 7/4/2005
Rebecca J Williams Neosho, MO	RN 103891	Section 335.066.2 (5) and (12), RSMo 2000 Licensee failed to administer scheduled medications in a timely manner and failed to document the administration of medications on the patients' M.A.R.	Probation 7/29/2003 to 7/29/2004

SUSPENSION/PROBATION LIST

Name	License Number	Violation	Effective Date of Suspension/Probation
Belinda A Daly Kansas City, MO	RN 151503	Section 621.100, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee failed to follow physician orders regarding the administration of Fosphenytoin to a patient in that she improperly mix saline with 1000mg of Fosphenytoin and began infusing by I.V.	Suspension 7/21/2003 to 1/21/2004 Probation 1/22/2004 to 1/22/2007
Kevin M Kerr Kansas City, KS	RN 148094	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee failed to properly document all medications withdrawn, administered, and/or wasted, and to adhere to physicians' orders regarding patient care and medication administration.	Suspension 7/21/2003 to 7/21/2004 Probation 7/22/2004 to 7/22/2009
Patricia D Lovier Kansas City, MO	RN 144630	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee misappropriated Morphine and Demerol from her employer and consumed them on duty.	Suspension 7/21/2003 to 7/21/2006 Probation 7/22/2006 to 7/22/2011
Janell L Pace Kansas City, MO	RN 123301	Sections 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - Licensee misappropriated a blank prescription pad from her employer and used the prescription pad to write prescriptions for Vicodin for herself and a family member, and then forged the physician's name. On 6/15/00, Licensee pled guilty to possession of drug paraphernalia.	Suspension 7/21/2003 to 7/21/2004 Probation 7/22/2004 to 7/22/2009
Tracy D Ridpath Hollister, MO	RN 140447	Section 335.066.2 (5) and (12), RSMo 2000 On 7/10/02 and 8/12/02, Licensee self administered Insulin which she had misappropriated from her employer.	Suspension 7/15/2003 to 1/15/2004 Probation 1/16/2004 to 1/16/2006

REVOKED LIST

Name	License Number	Violation	Effective Date of Revocation
Margaret Ann Aboussie Saint Louis, MO	PN 051332	Section 335.066.2 (1), (2), (3), (5), (11), (12), (14), and (15), RSMo 2000 - On 3/30/94, Licensee pled guilty to seven counts of Class C felony forgery. Licensee has tested positive for cocaine on four different occassions. On 8/24/99, Licensee filed an LPN license application on which she answered "no" to the question, "Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violation)?" On 9/99, while Licensee was employed by a long-term care facility, she helped a co-worker use the name and social security number of a resident for the co-worker's electric bill. On 10/23/01, the Division of Aging listed Licensee on its Employee Disqualification List for three years.	Revoked 7/21/2003
Randy L Bishop Poplar Bluff, MO	RN 123268	Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 8/28/00, Licensee entered a plea of guilty to manufacturing methamphetamine.	Revoked 7/21/2003
Adrain A Crain Caruthersville, MO	RN 134826	Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 6/20/01, Licensee knowingly possessed and consumed cocaine. On 6/24/01, Licensee submitted to a random drug screen which was positive for the presence of Benzoyleconine (cocaine).	Revoked 7/21/2003
Jyl L Goin Warsaw, MO	PN 037880	Section 620.153, RSMo 2000 Licensee violated the terms of the Settlement Agreement by not attending required meetings and by not submitting required documentation. On 10/7/02, Licensee pled guilty to one count of the Class D felony of fraudulently attempting to obtain a controlled substance.	Revoked 7/21/2003
Eva C Hart Galena, KS	PN 052500	Section 620.153, RSMo 2000 Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 7/21/2003
Donna F Hohl Saint Louis, MO	PN 033253	Section 335.066.2 (5) and (12), RSMo 2000 On 5/1/02, Licensee was assigned to provide care to a resident who was unconscious and unable to speak or eat on her own. The resident was placed on oxygen to assist her breathing. At some point during her shift, Licensee tightened the metal nose clamp on the resident's oxygen mask, "pushed" her chin upward, and held her mouth closed for approximately ten minutes in order to suffocate her. When Licensee believed that the resident was no longer breathing, she removed the oxygen mask and began to wipe the resident's face. While wiping the resident's face, the resident took another breath, so Licensee again "pushed" the resident's chin upward and held her mouth closed for another minute or two until the resident ceased breathing. As a result of the conduct, Licensee was arrested on 5/21/02, and a complaint was filed on 9/4/02, charging her with felony murder in the second degree.	Revoked 6/19/2003
Frederic W Mcgirk Saint Charles, MO	RN 152034	Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 9/4 and 9/5/01, Licensee misappropriated Demerol for his personal consumption.	Revoked 7/21/2003
Robert S Pruett Broseley, MO	PN 042291	Section 621.110, RSMo 2000 and 335.066.3, RSMo 2000 - On 11/5/01, Licensee pled guilty to attempting to manufacture methamphetamine; possessing pseudoephedrine with reason to believe it would be used to manufacture methamphetamine; and distributing methamphetamine.	Revoked 7/21/2003
Renee L Vahey O'Fallon, MO	RN 103075	Section 620.153, RSMo 2000 - Licensee violated the terms of her disciplinary agreement by not attending scheduled meetings and by not submitting required documentation.	Revoked 7/21/2003

VOLUNTARY SURRENDER*

Name	License Number	Effective Date of Voluntary Surrender
Susan P Boyle Edgerton, MO	RN 131564	Effective date 6/18/2003
Lisa P Hoffmann Saint Peters, MO	RN 151740	Effective date 6/18/2003
Louann Moon Concord, NH	RN 2000175331	Effective date 6/18/2003

*Surrender is not considered a disciplinary action under current statutes.

SCHEDULE OF BOARD MEETING DATES THROUGH 2004

December 3-5, 2003
March 3-5, 2004
June 9-11, 2004

September 1-3, 2004
December 1-3, 2004

All meetings will be held at the Harry S. Truman State Office Building, 301 West High Street in Jefferson City, Missouri. Photo ID is required.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Dates, times and locations are subject to change. Please contact the Board office for current information.

Note: Committee Meeting Notices are posted on our web site at <http://www.ded.state.mo.us/regulatorylicensing/professionalregistration/nursing>

NUMBER OF NURSES CURRENTLY LICENSED IN THE STATE OF MISSOURI

As of November 6, 2003

Profession	Number
Licensed Practical Nurse	23,353
Registered Professional Nurse	73,916
Total	97,269

IMPORTANT TELEPHONE NUMBERS

Department of Health & Senior Services (nurse aide verifications and general questions)
Missouri State Association for Licensed Practical Nurses (MoSALPN)
Missouri Nurses Association (MONA)
Missouri League for Nursing (MLN)
Missouri Hospital Association (MHA)

573-526-5686
573-636-5659
573-636-4623
573-635-5355
573-893-3700

DID YOU CHANGE YOUR NAME?

DID YOU CHANGE YOUR ADDRESS?

DID YOU NOTIFY THE MISSOURI BOARD OF NURSING?

4 CSR 200-4.020 (15)(b) (1) says in part “If a change of name has occurred since the issuance of the current license, the licensee must notify the board of the name change in writing..... “ and (2) If a change of address has occurred since the issuance of the current license, the licensee must notify the board of the address change....”

Note: change of address forms submitted to the post office will not ensure a change of address with the Board office. Please use the form or contact information below to notify the board office directly of any changes.

NAME AND ADDRESS CHANGE NOTICE			
1. Is this an address change?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is this a name change?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> RN <input type="checkbox"/> LPN		Missouri License Number	
OLD INFORMATION (please print):			
First Name		Last Name	
Address :			
City	State	Zip Code	
NEW INFORMATION (please print)			
First Name		Last Name	
Address(if your address is a PO Box , you must also provide a street address):			
City	State	Zip Code	Telephone Number
Please provide signature:			

Duplicate license instructions:

It is not mandatory that you obtain a duplicate license. You may practice nursing in Missouri as long as your Missouri nursing license is current and valid. If you wish to request a duplicate license reflecting your new name, you must return ALL current evidence of licensure (the wallet size card and/or wall hanging document), and the required fee of \$15.00 for processing a duplicate license.

Return this completed form to: Missouri State Board of Nursing, P O Box 656, Jefferson City, MO 65102

Is Your License Lost or Has It Been Stolen?

If you would like to obtain a duplicate license because your license has been lost or stolen. Please contact our office and request an Affidavit for Duplicate License form or you may obtain it from the LICENSURE INFO/FORMS tab on our website at www.ecodev.state.mo.us/pr/nursing.

You may contact our office in one the following manners:

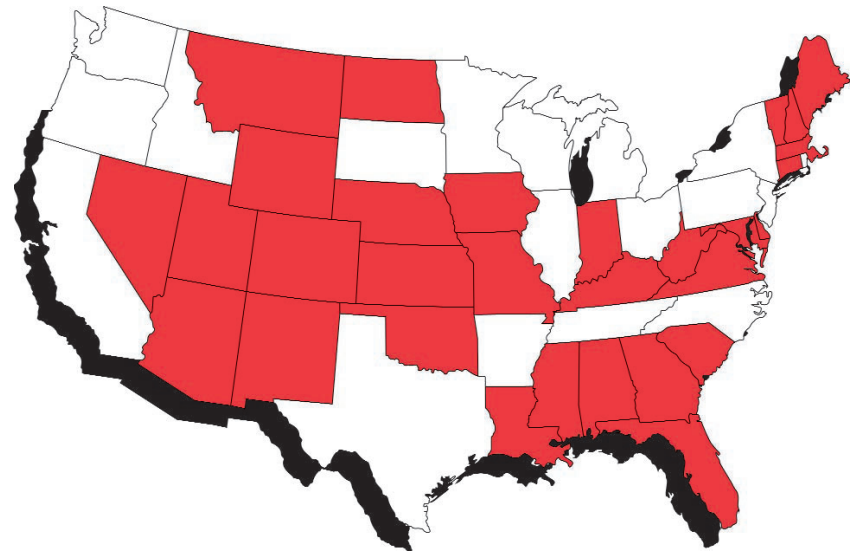
- Internet E-mail: nursing@mail.state.mo.us (address changes only)
- Fax: 573-751-6745 or 573-751-0075
- Mail: Missouri State Board of Nursing, P O Box 656, Jefferson City MO 65102
- Telephone: 573-751-0681 (address changes only)

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